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THE

Medical and Surgical Reporter:

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EDITED BY

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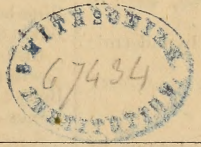

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Communications.

A LECTURE ON DIABETES MELLITUS.

By A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

It is occasionally the case that an individual comes to us complaining of excessive diuresis. If we examine the urine and find it to contain sugar, we say the patient is suffering with *diabetes mellitus*, if not, *diabetes insipidus*. In the last instance there is simply an increase of the urinary secretion, markedly deficient in its solid constituents, so much so as scarcely to exceed pure water in its specific gravity, interfering but little with the person's health, who would not seek for advice, if it were not for the annoyance of thirst and frequent calls to pass water. In the first case, when sugar is present, although the quantity of urine passed be large, its solid constituents are greatly increased, and consequently its specific gravity much higher, attended with certain phenomena, that often point out the existence of serious organic disease, which will sooner or later compromise the life of the patient.

It is to this graver form of the malady that I now invite your careful study. In this lecture we will direct your attention to its clinical history, pathology, nature, and medical management.

I.—CLINICAL HISTORY OF DIABETES MELLITUS.

The peculiar characteristic of this disease is the presence, in the urine, of a greater or less amount of sugar. At first the general symptoms of the malady are very obscure, but as the disease advances they become more pronounced. The patient commonly complains of weakness, and various disorders of the digestive organs. An especial symptom, and one that is almost pathognomic of the disorder, is a troublesome dryness of the mouth, with viscid saliva. The bowels are usually constipated, and a harsh, dry skin. There is a dull pain in the back, and a want of animal heat. In most cases the appetite is irregular; sometimes very deficient, at others voracious, craving sugar, bread, and other feculent food. The thirst is very great, and is commonly the first symptom of any moment that attracts the attention of the patient or his physician.

Most patients, however great their appetite, digest their food with ease, while others, especially in the advanced stage of the disorder, have acid eructations with slow and difficult digestion, constipation or diarrhœa, and sometimes vomiting. At the same time the pulse is not frequent, the skin is not hot, but dry, and the perspiration almost null. The breathing is free, unless there is some complication involving the organs of respiration. As the disease advances, the patient's strength and flesh gradually diminish, showing a failure of his nutritive functions; and he gradually falls into a condition of listlessness and debility, his sight fails, and he becomes amaurotic or suffers with cataract. In the latter stage of the disorder there is a peculiar odor of the breath, which very much resembles that of the sweet brier or ripe apples.

In this disorder the urine is almost always increased in quantity. From 20 to 30, and even 40 pints are passed in 24 hours. The urine is also changed in its character; it is paler than usual, sometimes almost colorless; it has scarcely any ammoniacal odor, even after standing for hours, and is of a sweetish taste. Its reaction is always acid; its specific gravity is increased to about 1040, and in some rare instances to 1070. In most cases, however, the probable average will be about 1038. But in estimating the specific gravity of diabetic urine, we must not be guided so much

by the weight of the urine passed as the quantity. For instance, here is a patient passing 30 pints of urine in 24 hours, its specific gravity is 1038; there is another passing only 8 pints of the same specific gravity, in the same space of time. The first, it is true, is the graver case, and will sooner exhaust the patient's vital powers, but the latter will prove equally fatal in time. The best time to test the specific gravity of diabetic urine is immediately after it is passed, especially in summer; because, if the temperature be elevated, fermentation speedily sets in, part of the sugar is dissipated, and the density thus destroyed.

A great variety of plans have been devised for detecting sugar in the urine. The copper test, called by some *Frommer's test*, is sufficient for all practical purposes. It consists in putting a little urine in a test tube, and adding to it a few drops of a solution of the sulphate of copper, at a time, until the urine has a faint blue color; then add a solution of caustic potash, equal in bulk to about half the volume of the urine employed. A pale blue precipitate will be thrown down, which will be redissolved; then boil the mixture for a few minutes, and if sugar is present a reddish brown precipitate will be thrown down.

The most acurate test, however, for sugar in the urine, is the *fungus*. It consists in the development in urine containing even the smallest amount of saccharine matter, of the yeast-plant or fungus, which appear first in the form of sporules, then thallus, and lastly in that of perfect ærial fructification. In order to ascertain by means of this test whether urine contains sugar or not, it should be set aside in a moderately warm place for a few days, and the scum which always becomes developed upon the surface of the urine thus exposed, as well as the sediment at the bottom, should be examined with the microscope for the fungus in question, which possesses well marked, distinctive characteristics.

Although the chemical and fungus tests show the presence of sugar in diabetic urine, they do not determine the amount, which frequently, in a clinical point of view, is a matter of considerable importance. Various methods have been instituted for this purpose, but I know of none more acurate and convenient than that of Dr. Garrods, of London. It consists of a little instrument called a *glucometer*. It is constructed upon the principle that diabetic sugar, when boiled with a solution of carbonate of potash, gives rise to an amber color, and that the tint is in proportion to the quantity of sugar. The apparatus consists of a standard, a graduated tube of the same caliber as the standard, and an accurately divided minim measure, the standard being filled with a solution of the exact tint produced by a known quantity (half a grain,) of the diabetic sugar to a fluid ounce.

The following is the method of using the glucometer: A small quantity of the urine, say half a fluid drachm, either previously diluted or not, according to circumstances readily ascertained, is to be accurately measured in the small minim tube, and mixed with the same bulk of a solution of carbonate of potash of a given strength, and after the measure has been washed out with a drachm of distilled water, the whole is to be kept at a boiling point over a spirit-lamp for five minutes, either in a large test-tube, or still better, a very small flask. After cooling, the colored liquor should be transferred to the large tube and distilled water added until the the tint exactly corresponds to that of the standard—a process which may be readily effected by holding the tubes side by side, directing them to a moderate bright light. All the required data for determining the amount of sugar are now obtained.

Now suppose by way of illustration, that the half drachm of urine employed in the quantative analysis requires to be diluted so as to occupy six and a half drachms before the standard tint is obtained, such urine would contain six grains and a half of sugar per ounce; for its bulk has been increased thirteen times, and therefore thirteen half grains, or six grains and a half of sugar, must be present. Again, suppose the urine has been diluted with three times its bulk of water before being employed by the glucometer, which when the urine is rich in sugar may be necessary, in order to prevent the graduated tube being of inconvenient length, then it is only required to mutiply the amount of sugar by four to obtain the total quantity in the original urine. In the above named experiment it would therefore be twenty-six grains in each fluid ounce.

The amount of sugar contained in diabetic urine is very variable. In some instances it has been found to contain more than fifteen per cent of sugar. Dr. Garrod mentions a case where 3,500 grains were discharged in twenty-four hours, the sugar being estimated by the glucometer. Dr. Beale records the case of a

woman, aged 18, who passed 8,750 grains of sugar during twenty-four hours.

II. PATHOLOGY OF DIABETES.

This has never been very clearly defined. Indeed, no special lesions have yet been discovered. The kidneys which were long thought to be the seat of the disease, present no characteristic lesions in persons who have perished with the malady. It is true that changes have sometimes been observed, in these organs, such as hydatids, and granular degeneration, but not as a rule; and it must be remembered, that these lesions much more frequently exist uncomplicated by diabetes. The most frequent anatomical alteration, is hypertrophy of the kidneys; the renal tissue is generally observed to be more vascular than natural. This may be explained by the unusual functional activity of the organs. But this state of hypertrophy is not peculiar to diabetes; it is sometimes found in other affections of the urinary apparatus. In some cases that have terminated fatally, extensive anatomical lesions have been found in the lungs, brain, and liver. Pulmonary tuberculosis is more frequently associated with diabetes than any other disease.

Not long since the following interesting case of this disorder came under my care. Its abrupt termination from the supervention of enteric typhoid fever, made its anatomical pathology an object of particular study.

Mr. B., aged 40, came to my office September 5, 1868. He is an individual of the nervo-bilious temperament, a printer by occupation. For the last year he has noticed a great increase in the quantity of his urine. For some weeks he has been unable to follow his occupation, in consequence of general debility, and mental depression. His appetite had failed him, and his digestion was bad, occasionally vomiting his meals. His skin has a deep sallow color, and his countenance is expressive of one suffering with serious disease. His skin was very dry, and he complained of great thirst. The mucous membrane of the mouth was red, the tongue broad, coated with a white fur, and tremulous; bowels always costive. In the sitting posture his pulse was seventy-five and in the standing ninety.

At present his urine is copious. He estimates it at 16 pints during 24 hours. It was acid, pale, specific gravity 1038. Heat and nitric acid show the presence of albumen. Tranmer's test gave unmistakable evidence of the presence of sugar. The urine after standing for twenty-four hours in a warm place, was found, under the microscope, to contain a large number of *torulæ cerevisiæ*, and epithelium from the bladder.

[TO BE CONTINUED.]

ABDOMINAL TUMOR.

By JOHN RAMSAY, M. D.

President of the Medical Society of West Virginia.

Miss Lucinda Sutten, æt. thirty, nervous temperament, dark hair and eyes; height, five feet eight inches; weight, one hundred and thirty pounds. Consulted me Oct. 8th, 1868, in reference to an enlargement of the abdomen, which had made its appearance some two years previously, and had been gradually enlarging since that time. She was yet unmarried and was accompanied by her mother, Mrs. H. Upon examination the following symptoms were present. The contour of the abdomen resembled that of a female at three months gestation; the tumor occupying the whole width of the pelvis between the crests of the ilia, with well defined irregularities, there being no fluctuation, but uniformly hard and resisting. The os uteri was tightly contracted and somewhat prolapsed; the walls of the vagina resembling that of a married woman, or one in the habit of accouplement; the general health good, had suffered no pain, and but little indisposition, except the mechanical effect of the enlargement, that only on reaching upward, or when lying on the back; she had had an attack of cholera morbus, from which she recovered in a few days; she was somewhat pale and anemic, but avowed that she had been quite well and had menstruated regularly; her habits of life were those of farmers' daughters in like circumstances in this country, having to perform such duties as pertain to housekeeping—spinning, weaving, etc, etc.

I placed her upon a tonic and supportive treatment, consisting of iron and quinine, with bathing, exercise, etc., and required her to report to me every two weeks, which she did faithfully up to March following,—during which time she took various preparations of iron, iodine, vegetable tonics, alteratives, diuretics and purgatives, as indicated from one time to another. After that time I lost sight of her until July, when she called again, and informed me that she had gotten married

in April, and had moved to a distant part of the country, where she had been under treatment for ascites, but that her symptoms had gradually increased. She was anxious to receive treatment, but averse to an operation. The tumor now extended above the umbilicus and was doubtless forming adhesions, from the fact of its immobility at the time, although the walls of the abdomen were still loose and flaccid. I again admonished her that no treatment but an operation promised the slightest hope of success.

During October she suffered from gastric irritation, attended with flatulency. She had passed a month or two without menstruating; bowels had become constipated, kidneys failed to eliminate; skin had become dry and husky, emaciation was taking place rapidly, also dyspnœa after the most moderate exercise, or when lying down.

On 29th November, the day appointed to perform the operation of ovariotomy, the condition was as follows: Countenance pale and haggard; pulse, 100; respiration, 18; skin dry and blanched as in anasarca; bowels have been freely operated on and urine discharged, but scanty and high-colored; strong odor of urea and ammonia; abdomen enormously distended; circumference of the body round the umbilicus fifty-six inches, and twenty-five inches from the ensiform cartilage to the pubes.

The patient was laid on a table with the chest elevated; feet over the table and resting on a chair; chloroform was given slowly as spasm of the glottis was produced from irritation of the fauces, and vomiting several times, which was readily allayed by fresh, pure air being inhaled for a moment. The patient had eaten nothing for five hours previously; when well anesthetised an incision eighteen inches in length was made extending from the hypergaster to a few inches above the umbilicus along the linea alba. There were very firm adhesions occupying one-third of the line and from four to ten inches transversely, most of which required division by the knife; some parts were readily separated by digital manipulation. A part was so soft and friable as to tear in spite of the greatest care, so as to allow the escape of the contents. The softening extended to the contiguous omentum which was ligated with silver sutures and removed.

The pedicle, which was quite small, was ligated in the same manner, it being too short to use the clamp without leaving some of the softened and diseased tumour. The contents of the tumour was a dark gelatinous fluid of the consistence of white of egg, with small quantity of brainlike matter intermixed. The cyst weighed seventeen and a quarter pounds. After cleansing the cavity, the ligatures were brought out and the wound closed with silver sutures with alternate strips of adhesive plaster. A cloth saturated with solution chloride sodium was laid over the seat of incision, a "*many tail*" bandage extending from the chest to the loins applied, a small quantity of whiskey and water given, and a quarter of a grain of morphiæ sulphas in solution, injected hypodermically, into each gluterus muscle. The patient was now placed in bed in dorsal decubitus, head slightly elevated, body perfectly horizontal, with the knees well drawn up, and a "*cradle*" placed over the body to support the weight of the bed clothing.

The pulse was now 120; breathing regular and easy; consciousness perfectly restored. Ordered beef tea, with brandy, to be given every three hours; catheter to remain in bladder; enjoined perfect rest and quiet.

Tuesday, 30th.—Pulse 118; reaction slight; no distention of abdomen; washed out cavity; complained of no pain; quite cheerful.

Wednesday, Dec. 1.—Pulse 125, full; has had no brandy since 2 A.M. to 2 P.M.; has vomited some; squirrel soup taken this morning; had considerable pain, but was some relieved by taking a half grain morphiæ sulph.; cleansed cavity again with water and a small quantity of liq. sodæ chlor.; escape of some fresh blood; still no tenderness nor swelling; has no delirium nor incoherency; drew off a small quantity of urine; very high colored; ordered brandy and beef tea continued. Shall report the termination of this case when we report another case that will be operated on in a short time.

Clarksburg, W. Va., Dec. 2, 1869.

ENCEPHALO-COLLOID CANCER.

Numbering Five Hundred, varying in size from a hemp seed to that of a man's head—the aggregate actual weight being 35 pounds.

By Philip Leidy, M. D.,
of Philadelphia.

The extent of the disease described in the following case, makes it one of interest, especially when we consider the insidious character of its attack, progress, and the length of time the general health remained unimpaired, notwithstanding the evidences of disease, and

mal-nutrition presented themselves, in the shape of unhealthy uterine discharges, which continued nearly eighteen months before there was the least sign of impaired health manifested, or personal alarm created.

About the 1st of February, 1869, I was called to see an elderly lady, æt. 58; robust in general appearance, mother of nine children, all of whom are in good health. For twelve months she complained of an offensive discharge from the uterus, associated with sharp pain at times, which at once carried its weight of suspicion with it. Upon making an examination per vaginam, I discovered not to my surprise; an enlarged condition of the os, and cervix uteri, the os internum being congested and surface roughened, with an ash-colored appearance, discharging a greenish looking pus, tinged with blood, and very offensive. My next step was an abdominal exploration, that I might discover the boundaries of the enlarged uterus, but was not successful. The microscope revealed nothing special in the discharge, except some broken down blood corpuscles. Not being able to carry on my examination further at this point, I awaited developments. Treatment at this time—injections per vaginam of the following:

R. Liq. sodæ chlorinatæ, ʒj.
Added to one pint of water, to be used two or three times a day.

This answered admirably in correcting the fœtor of the discharge, and reducing it in quantity for a short time.

Internally was given—

R. Liq. potassæ arseniris, f.ʒj.
Tinct. opii, f.ʒjss.
Tinct. lavandulæ co.,
Aquæ, aa. f.ʒiss. M.
Sig.—Two teaspoonsful after each meal.

Diet—the best the market could afford. which was carried out to the letter, and explains itself. For nearly six months there was no change; she was able to be about attending to her household affairs, taking a pleasure ride when the weather permitted.

About the 20th of July her daughter was confined after a tedious labor; the mother during the time was anxious, and over-rating her strength, she used too much exertion in spite of the repeated protests made. For several days she complained of violent pain in the left side of the abdomen, limiting itself to the left iliac region; in examining the parts carefully, a circumscribed tumor was discovered, movable, but to no great extent; from this time forward her health commenced failing, loss of appetite, gradual emaciation, etc., etc., etc. The uterine discharge continued varying in quantity; when reduced she felt uncomfortable, and the tumor suddenly and temporarily increased. Relief was always obtained when the discharge was re-established. The treatment at this juncture, and which was continued throughout, was Fowler's solution, tonics, anodynes, Labarraque's injection, and iodine ointment, with ext. belladonnæ over the abdomen. The tumor rapidly increased, filling the abdominal cavity completely, causing mechanical obstruction of the intestines, pressing upwards against the liver and stomach, producing an irritable state of that organ, with bilious vomiting; the gall bladder was immensely distended with bile. This condition continued until death relieved her of all suffering, in degree not to be imagined; December 5th, '69, date of death.

I anticipated considerable trouble in securing an examination, owing to a prejudice which seems to be peculiar to the Roman Catholics, as this case happened to be; but, fortunately, that fear and prejudice is giving way to more ground for liberal and enlightened views towards the advancement of scientific and pathological investigation. Assisted by my friend Dr. COLLINS, an examination was made, as she requested before death, as I was afterwards informed. Using her own words, "That if any of her fellow beings could be relieved, situated as she was, by determining the true cause of her suffering, she desired an examination to further that end, as well as to throw light upon the disease, involving as it did a varied opinion."

Post mortem appearances—Extreme emaciation; abdomen immense, distended, from the symphysis-pubis to the xiphoid cartilage (which was forced upwards), measuring eighteen inches; and from the anterior superior spinous process of one ilium to the other, twenty-four inches, were the measurements of the abdomen, the shape being hemi-spherical. Superficial veins prominent; no tumor could be detected with defined boundaries, so completely did it occupy the abnormal cavity, seemingly adapting itself to the internal form. To the touch it gave a certain degree of resiliency. The usual incisions being made, the abdominal viscera were entirely concealed from view by four large tumors, which seemed to be dove-tailed one with the other, and accounts for the regularity of the abdominal surface.

There was extensive chronic peritonitis. The tumours I will designate by numbers: No. 1 weighed 4½ pounds, containing within its cavity a substance resembling thin glue or jelly. Tumour No. 2 of the same, weighed 7½ pounds; tumour No. 3, 8 pounds; tumour No. 4, 5 pounds, and 5 pounds of gelatinoid substance, making in all thirty pounds. Along the mesentery, intestines and inner side of the abdominal walls were studded with tumours of the same kind, numbering near five hundred, in size varying from a hemp seed to that of a walnut, (not including the four large tumours.) The uterus was also studded, and much enlarged; in opening its cavity there was exposed to view, occupying the same, an immense slough, which extended downwards to the mouth, at which point it commenced to show itself in its ravages. The right ovary was greatly involved with the same disease; the left was completely substituted by it. The liver was somewhat softened; stomach, lungs, heart, kidneys, spleen, bladder and rectum were normal. *Actual weight* of tumors, 30 pounds; smaller ones estimated at 5 pounds, making in all 35 pounds. I believe that the disease had its origin from the left ovary, and that in stating the mesentery was "studded," it conveys no idea of the extent of the disease in that particular, for it may be said that it was a "colloid mould of the mesentery substituted."

In Dr. Gross' Surgery, vol. 1, page 271, will be found the description of a colloid tumor supposed to weigh twenty-five pounds.

AN ORGANIC STRICTURE OF THE URETHRA OF OVER TWENTY YEARS' STANDING TREATED BY DILATATION.

By A. O. Ameden, M. D.,
Of Ticonderoga, N. Y.

I was called March 16th, '69, to visit a gentleman, æt. 50, whom I found suffering from the combined effects of chloroform and an operation for an organic stricture of the urethra. The chloroform had apparently been given very recklessly, and the operation had consisted in the forcing of a metallic bougie through the stricture and into the bladder, or *somewhere*. The symptoms at this time (nearly an hour after the operation) were alarming, and it was difficult to decide whether they were dependent chiefly on the chloroform or the operation. Patient was covered with a cold perspiration, no perceptible pulse at the wrist, and vomiting blood every ten or fifteen minutes. He, however, rallied after about an hour, but the stomach remained irritable and unable to retain anything more than weak broth for several days. A fever almost amounting to an ague set in, which kept the patient in his room for about six weeks. I will here remark that the operator in this case was a practitioner from Vermont.

The previous history of this case is not without interest. Some twenty-four years ago he contracted gonorrhœa, and being imperfectly treated it terminated in a gleet, which continued for two or three years.

When the gleet "dried up" (to use his own expression) he noticed that the flow of urine was impeded, the stream forked and turned in different directions &c. The urethra continued to contract till the stream of urine was scarcely larger than a knitting needle. At this time—about sixteen years ago—he consulted Dr. Carnochan of New York, who performed the operation of "perineal section." This operation, though it improved his condition somewhat, was far from being satisfactory. The urethra soon began to contract again and in one year was, if possible, worse than before.

Again, some six or seven years ago the late Dr. D. S. Conant, then Professor of Surgery in the University of Vermont, gave him chloroform and forcibly dilated the passage, but with only temporary relief. This brings the case to the nearly fatal operation of March last.

After this last worse than useless trial, I accompanied the patient to New York, where we consulted a number of surgeons, among whom was Prof. Lewis A. Sayre. Dr. S. advised gradual dilatation by the use of Dr. Gauley's instruments. I purchased a set of these instruments and returned. On my first trial, after an hour's patient manipulation, I succeeded in introducing the little filiform bougie. Then, using this as a guide, by steady and persistent efforts the smaller instrument was carried into the bladder in a little less than an hour more, and without the use of any anæsthetic. This was repeated several times at intervals of a week, till the larger instrument could be introduced which was used in the same manner. After some time I found that with some difficulty I could introduce an ordinary steel bougie, No. 7008. This practice I have kept up, increasing the size of the instru-

ment till now (December) I can introduce a No. 10 very readily.

Instead of a single stricture there are two—the first in the spongy portion of the urethra, the second in the membranous portion; and between the two there is an ugly rent probably caused by the forcing of a bougie into the sinus of the bulb at one of the previous operations.

Now what I wish to inculcate is that these instruments are superior to almost any other. Here is a case of two inveterate strictures, having a false passage between them, and in which the "perineal section" has utterly failed, and "forcible dilatation" proved worse than useless. Indeed, I doubt whether a catheter of any size could have been introduced. The second stricture was so very tense that the instrument would doubtless have entered the false passage even in the hands of the most experienced surgeon. But the little whalebone bougie could adapt itself to the course of the urethra, however tortuous it might be, and being once carried into the bladder it acted as a safe and reliable guide to either of the other instruments.

During this treatment the patient has been able to attend to his ordinary business affairs, his general health has materially improved, and he is able to void his urine nearly as well as if he were in perfect health.

RANULA FROM THE LEFT SUBLINGUAL GLAND IN THE TISSUES OF THE NECK.

By James E. Garretson, M. D.

Under the impression that the rarity of the following described case cannot but make the noting of it a matter of interest to surgical readers, I beg to offer it as one of a series of clinical observations, which, from time to time, at the request of the editors of this journal, I propose to present through its pages:

First, it was noticed that the parts beneath the chin of the patient began to soften and grow broad, freedom of motion was lost in the jaw, and a slight sense of difficulty, the result of stiffness about the tongue, was experienced in speech, the mucous floor of the mouth being quite indurated.* In the course of four months, a tumor, evidently cystic, and fully the size of an ordinary orange, occupied the front of the neck, but happily concealed by a long and heavy beard worn by the patient.

Presenting himself for treatment, a diagnosis was verified through the aid of the exploring needle, this valuable instrument exhibiting not only the cystic character of the tumefaction, but yielding as well some idea of the contents.

For the cure an operation was performed by making a reasonable incision in the median line of the neck, the cut passing directly into the cyst; from this opening, the contents, a great mass of lymph, like matter filling a large glass, issued as a continuous rope; in color and consistence, it was like thin calves' foot jelly. Washing the cavity thoroughly with warm alum water, compresses were carefully adjusted to the parts and sustained by a bandage passing over the forehead. In two weeks, and without any trouble, the walls seemed to have united, and the cyst to be obliterated.

One month later the patient again presented himself; the tumor was rapidly reforming; the cyst evidently had not been destroyed; it was now the size of a walnut.

A few days later a second operation was performed, precisely as in the first instance. The contents of the tumor differed, however, at least in color, having the same colloid consistence, but being blood red. After the incision, determined on obliterating the cavity, I syringed it with officinal tincture of iodine, undiluted, stuffing the cyst loosely with cotton. I this time succeeded in producing a perfect cure, but the swelling resulting from the inflammation was so great that it was only by leeches, cathartics and diaphoretics, conjoined with the closest attention, extending over a period of four days, that I succeeded in saving the life—for two whole days the patient being unable to swallow even teaspoonful measures of water and breathing with the greatest difficulty.

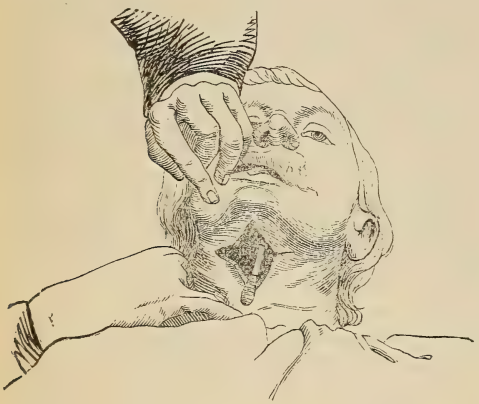
What was this tumor? Evidently a hydrohematocele, the starting point of the lesion being, I think, in a sub-lingual gland. It might be suggested that had it belonged to this gland the swelling would have exhibited itself more in the mouth. My reason for inferring that it was so associated lay in the fact that a blunt probe passed into the cavity could readily be felt in the position of the left of these bodies on the floor of the mouth.

*These associations described by the patient as existing at the commencement of his trouble, had entirely disappeared when the case was first seen by myself.

The preceding history of this case is one of the illustration offered in the chapter on Ranula, published in my work on the "Diseases and Surgery of the Mouth;" it was written four months after every evidence existed as to the completeness of a cure.

As a coincidence, it occurred that on the very day in which the perfected proofs of the chapter were put into my hands, (this form being struck off,) this patient again presented himself, the neck presenting every evidence of a return of the tumor.

As illustrated in the accompanying diagram, which is from a photograph secured at the time of operation—a crucial incision was made, exposing, in the retraction of the flap, the common, deep fascia of the neck, which fascia constituted the flow of the cyst, and was, in appearance and consistence, apparently natural.



Passing into a sinus in the deep fascia and emerging from the mouth, the reader observes the probe. The orifice of this sinus was very small and was only seen after the parts had been thoroughly cleansed; the track of the sinus was exceedingly tortuous, and was only passed after several attempts, and only at last by the experimental bending of the probe.

On reaching the floor of the mouth it was evident enough that the instrument struck the sublingual gland, as, without effort, this body could be thrust upward from its bed. To thus elevate, and to dissect out the organ, which was now deemed necessary to be done, was, of course, a matter of no difficulty.

To complete the operation, the walls of the cyst were lightly cauterized with the solid stick of nitrate of silver, the flaps laid in place and secured with the necessary stitches of interrupted suture, adhesion was assisted by compresses which were continued in place over a month.

Directing examination to the resected gland there was to be seen a break in the continuity of its under surface—this was evidently pathological and of long standing; in diameter it was about the sixteenth of an inch and freely studded with granular matter; this break demonstrated conclusively the ranulous character of the tumor; it implied that little by little had the escaping secretion worked this passage downward, by its slow progress an adventitious, or walled sinus. Looked at from the cervical base, one would naturally have viewed this sinus as being made by a prolongation upward of the fascia, so precisely did it look as though a tubular cul de sac had elongated until it had met and attached itself to the base of the gland.

The question of the location of this ranula has a marked interest. What was the nature of its situation? Was the cyst a supra-hyoid bursa so often described, so seldom seen?

A point of further interest lies in the reaching of the gland described in the original diagnosis made months before. This would seem to have been the result purely of accident—an accident, which, on that occasion, directed the probe into the sinus, and gave to the parts that favorable position which made the passage a straight one.

The existence of ranula upon the neck, with the manner of its formation and association with the glandular body, is, by the history of this case, very fully and plainly illustrated.

HOSPITAL GLEANINGS.

By J. B. Burnett, M. D.

CASE OF ANEURISM OF AORTA.

Thomas Miller, 30, South American sailor; well formed, muscular man, of medium size; habits somewhat intemperate; has had syphilis; admitted into the hospital Oct. 21st. Always has enjoyed good health, until seven months previous to his admission, when, after great exposure, he was seized with a cough and difficulty of breathing. On entering the hospital he complained of cough, dyspnœa, and inability to be in bed without having his head elevated. The cough has a peculiar tone, similar to the barking of a terrier. There is

considerable aphonia, and the patient complains of pain in the back, betwen the shoulders. The heart is considerably enlarged; the apex strikes 3½ inches to the left of a vertical line through the left nipple, and two inches below it. Over the base of the heart, systolic and diastolic murmurs are heard in the course of the aorta. There is also a loud bruit over the upper part of the præcordial space. The aneurismal thrill is obtained on placing the hand on the upper part of the chest. He was ordered opiates and antispasmodics.

Dec. 12. His general health has been very good. His dyspnœa at times is very distressing. Just at present he is suffering from extreme dyspnœa, so that he is unable to lie down, sleeping in a sitting posture. Pulse 100, strong and full; respiration 30 per minute, labored. Anorexia, occasionally vomits during an attack of coughing; complains of pain in the right side. There is dullness on percussion over the lower lobe of the right lung Auscultation gives bronchial breathing and broncophony over the upper and middle portion of the lower lobe of the right lung, below which point the respiratory sounds are absent. Over the remainder of the chest there were in abundance subcrepitant mucous rales. He is somewhat relieved by the inhalation of sulphuric æther.

Dec. 17. Expired at 2 a. m. to-day, while sitting in a chair.

AUTOPSY FOURTEEN HOURS AFTER DEATH.

Body well nourished; muscles well developed. Rigor mortis not well marked. Ecchymotic spots two or three inches in diameter, on both legs, which came on a week ago, like purpura. Brain not examined. On opening the chest, the right pleural cavity contained about two pints of serous fluid, together with some fibrine and pus. The lower lobe of the right lung was hepatised. Both lungs were very much congested, and the left firmly adherent to the walls of the chest. The bronchial glands were enlarged. The pericardium contained about four ounces of serous fluid. The heart was considerably enlarged. The walls of the left ventricle were hypertrophied. The mitral valves were enlarged and somewhat thickened, but there was no insufficiency of them. The aortic valves were insufficient to close the orifice, which was large enough to admit three fingers. At the commencement of the aorta, or its posterior surface, was an aneurismal pouch, 1¾ inches in length, and ¾ in width. Above this at the posterior part of the arch of the aorta, was a larger one, measuring antero-posteriorily 3¾ inches; laterally 2¾ inches, and vertically, 2½ or 3 inches. This tumor was adherent to the trachea for 2½ or 3 inches, beginning directly above the bifurcation. The part of the trachea corresponding to this attachment was so compressed by the tumor as to be diminished in calibre more than one half. Other organs not noted.

Medical Societies.

NEWPORT AND COVINGTON, KENTUCKY, MEDICAL SOCIETY.

November 9th, 1869.

Reported by Dr. J. W. Hadlock.

Large Doses of Digitalis in Delirium Tremens.

I have chosen a subject this evening which, if not new, is at least one that has received very little attention from the profession generally.

Having met with delirium tremens in its various grades of severity, both in hospital and private practice, and having been sorely puzzled with its treatment, I thought it would not be out of place to pay a tribute to a remedy which, when judiciously administered, never failed in my hands to produce the most happy results.

The various treatises on practice enumerate it among the remedies for delirium tremens; but only speak of it as of minor importance, giving tartar emetic, potas. bromidi, and such remedies the preference.

During the winter of 1868–'69, while at St. Mary's Hospital, Cincinnati, there was admitted for treatment a short, stout built German, aged about 25 years—barkeeper. He had been on what is usually termed a "spree." Pulse, full, strong and bounding; face flushed and head hot. He was quite delirious, with occasionally complete sanity, during which time a few items concerning his previous history could be collected. The case was diagnosed delirium tremens and put upon potas. bromidi in large doses. At about ten o'clock in the evening I was summoned to the ward in haste to see him, whom I found ravingly maniacal; scarcely controllable by any means. I had him strapped in bed, and ordered ℥ss tincture digitalis to be given every 4 hours until sleep was produced. Two doses had the desired effect of putting him to sleep, which continued for six hours, at the expiration of which time he awoke well and in sane mind.

In July last I was called to see Mr. R., a German, aged 54 years, stone mason, of sanguine tempera-

ment, intemperate habits. Found him with insomnia potu bordering on delirium; face flushed; labored respiration; pulse full and frequent; talking incoherently, and complained of general malaise. Had been on a spree for a number of days in succession, and had taken little or no food all this time. Ordered at night:

℞. Hydrarg. sub. mur., grs.vj.
Gum. acaciæ sodæ bicarb., aa grs.v. M.
Ft. chart. No. iv.
S.—One every hour.

In the following morning found him no better, when I ordered digitalis tincture in drachm doses every hour. Returned in the evening and found my patient much improved; he had taken eight drachms of the tincture. His head was cool, pulse nearly normal, and expressed himself as feeling comfortable in every particular. The digitalis was suspended until morning. At three o'clock, a. m., his bowels were moved freely; with that exception he slept soundly all night, and on the following morning discharged from treatment.

Though I have narrated but two cases in which I used this remedy, I am satisfied from my observation of its action in those cases that, when carefully used, it will give entire satisfaction. From the fact that digitalis is a powerful cardiac sedative, and belongs to that class of cumulative poisons, it would not of course be safe to use it in such large doses in any other disease than delirium tremens, but in that disease when a powerful cardiac sedative is indicated, and where such remedies as opium, potas. bromidi, tartar emetic, etc., are more apt to produce their poison effects than any other, tincture of digitalis is certainly the remedy.

In addition to its sedative properties the tincture is also diuretic; however, the sedative and diuretic action of the remedy stands in an inverse ratio to each other, *i. e.*, when the former effect is produced, the latter, as a rule, takes place only when the former has subsided, and thus acts, in many instances, as a safe guard to the life of the patient. This I believe to be the explanation of the tolerance of such large doses (℥ss.) in cases of delirium tremens. But if the diuretic effect of the remedy be the first produced then the sedative effect of the remedy will not be evinced at all, unless it accumulate.

As mentioned above, digitalis belongs to that class of accumlative poisons which show their effects suddenly where a certain amount has been taken for a longer or shorter period. The modus operandi of the remedy under consideration is, by gradually and almost imperceptibly weakening the heart's action more and more, until finally it produces a dangerous disturbance of the circulation and total cessation of the heart's action, which latter effects are as rapid as they are dangerous.

In large doses it does not, according to the experience of Dr. Jones, of Jersey, England, produce the degree of depression, and is consequently less dangerous than in small doses.

From the observations of Dr. Munn, we receive another incentive for its trial. He says (Guy's Hospital Reports, Oct., 1846,) "In no one instance have I seen bad effects follow the use of digitalis, where the first consequences of its exhibition was a removal or amelioration of prominent or distressing cardiac symptoms: whether this has been brought about by its operation as a sedative or as a diuretic."

Under the head of *Caution*, the following remarks on its use are extracted from "Warring's Therapeutics."

"It is chiefly applicable to diseases of asthenic characters and in persons of shattered and debilitated constitutions." My observations lead me to say that the reverse is equally true. "Perfect rest of mind and body, and a recumbent posture favor the development of its action. Patients should be strictly prohibited from taking sudden or active exercise." This cannot always be secured in cases of delirium tremens—which is, however, no objection to the use of the remedy.

"In old persons it is necessary to watch carefully the results of its action, as Schoenlein observed it to produce weakness and positive wasting." "If vomiting or diarrhœa occur during the use of digitalis, they should be checked, as either of them arrests the specific effects of the remedy."

During the use of this medicine the salts of iron and lead and tannin, or vegetable solutions, containing these salts, should be avoided, as they are incompatibles.

New York County Medical Society.

The New York County Medical Society held its semi-monthly session on Monday evening, December 6th, in the lecture room of the College of Physicians and Surgeons. There was a very full attendance of members. The reports of the Standing Committees on the Hygienic Condition of the City, on the Weather, and on General Intelligence were interesting, and the latter especially presented many facts of importance and value. A paper by Dr. Hammond, relating his personal experiences in the administration of hydrate of chloral, elicited some discussion upon the properties and effects of this new agent. Dr. Thomas read an elaborate and carefully prepared paper upon the Induction of Premature Labor as a Prophylactic Resource in Midwifery, illustrating certain classes of cases in which the induction of premature delivery may prove the means of preserving the lives of both mother and child, when one or both would be sacrificed if the period of gestation were permitted to attain its full natural limits. The paper was listened to with marked attention, and was partially replied to by Dr. Elliott and others.

Editorial Department.

Periscope.

On the Medicinal Uses of the Salts of Atropia

Professor Buignet, the eminent French pharmaceutist, has recently directed our attention to the various uses of atropine, or atropia, as a general remedy, and not merely in affections of the eye. (*Medical Times and Gazette.*) Two salts of this alkaloid are used in Medicine—namely: the sulphate and the valerianate of atropia. The former is to be found in our Pharmacopœia, but is intended solely for opthalmic use, atropia and its salts being regarded by British writers on Materia Medica as unfit for internal use in consequence of their highly poisonous action even in very minute doses. The valerianate is formed by mixing a cooled solution of atropia in ether with a cooled solution of valerianic acid, and from this mixture crystals of the required salt soon crystallise. Acting on the long-established axiom in therapeutics that a combination of two similar remedies almost always produces a greater and more rapid effect than an equivalent dose of either of the single remedies, Dr. Michea, as long ago as 1853, made trial of this salt in "affections of the nervous system," and especially in cases of epilepsy. His account of the action of this salt was so favorable that a commission was appointed to investigate the subject, and their report was that valerianate of atropia is decidedly preferable to many of the so-called antispasmodics, and that it offered the great advantage of replacing two drugs notoriously variable in their action—belladonna and valerian—by a combination of their active principles, which was far more steady and certain in its action. The method of administering it is in granules, each of which contains a milligramme, or about 1-67th of a grain, of the salt. One granule daily is the proper dose to begin with in an adult, and in the course of a week a second granule may be taken daily. This is the maximum dose, any excess inducing dilatation of the pupil and disturbed vision. The author quotes the names of more than twenty physicians who have written to confirm the value of atropia and its salts as therapeutic agents. Taken internally, the salts of atropia have been found serviceable in the treatment of epilepsy, chorea, neuralgia, hysteria, tetanus, intermittent fevers, and those forms of disease of the respiratory organs in which the nervous system is specially involved, as asthma, hooping cough, and certain forms of nervous bronchitis.

It has been found by Bouchardat and Crosio that cases of severe neuralgia, in which opium, henbane, and sulphuric ether have failed to give relief, have yielded to the local application of an ointment composed of five centigrammes (three-fourths of a grain) of atropia and four grammes (about a drahm) of lard. Pescheux has reported a case of tetanus which he cured by the aid of subcutaneous injection of sulphate of atropia, and Behier, Richard, and other French Physicians have practised the same treatment with success in cases of severe localized pain. One part of sulphate of atropia may be dissolved in 100 of water, and from one to five drops injected. Slight symptoms of belladonna poisoning sometimes exhibit themselves in these cases, but are merely transitory. The smaller dose should be first tried.

As a caution to our ophthalmological friends not to let solutions of atropia fall into the hands of their patients, we may mention a case recorded by Behier, in which an old man *drank* a solution of sulphate of atropia (·013 to 100 grammes of water) which had been prepared for the purpose of dropping into the eye to facilitate ophthalmoscopic examination. The dose swallowed was one-fifth of a grain. The following were the most marked symptoms :—An acrid taste in the throat, slight embarrassment in the management of the tongue, muscular weakness, a difficulty in walking, which soon became an impossibility, and disturbance of vision. Knowing the antagonism of morphia and atropia (described by Graefe in 1862), M. Behier prescribed ten drops of laudanum ever ten minutes. Each dose diminished the intensity of the symptoms. The patient took on the whole seventy-six drops—a dose which, if he had not previously taken the atropia, would undoubtedly have produced symptoms of poisoning by opium.

The rapidly increasing use of the ophthalmoscope will probably cause a considerable augmentation in the number of cases of poisoning by atropia. Liebreich (in 1863) remarked that the symptoms of poisoning consequent on the instillation of atropia do not so much depend upon the quantity absorbed by the eye itself as upon the quantity which makes its way through the lachrymal passages into the nose, pharynx, and stomach. When these lachrymal passages are completely obliterated, a strong solution may be applied to the eye for any length of time without inducing the slightest general disturbance. He consequently recommends that, in order to prevent as far a possible this mode of escape of the solution into the nose, etc., the patient should incline his head as forward as possible during the

period of instillation, should blow his nose and gargle frequently, and should press one of his fingers against the inner angle of the eye, so that the lower lachrymal point should be drawn down. In cases where these rules cannot be attended to (as when a patient is confined to bed), he recommends the application of a small wire apparatus which effectually prevents the escape of the solution. Professor Buignet's excellent memoir concludes with a description of this instrument and of the method of applying it.

Functions of the Cerebellum.

In a late number of the *Anthropological Journal*, Mr. T. S. PRIDEAUX discusses Gall's phrenological doctrines with reference to the functions of the cerebellum. Irrespective, however, of phrenology, Mr. Prideaux has recorded observations upon physiology of the cerebellum which are of sufficient importance to be brought under the notice of our readers. The chief points of the author's observations are these:

From experiments upon lower animals, Mr. Prideaux notices that castration does not diminish the size of the cerebellum relatively to that of the cerebrum, but rather conversely—viz., that if any diminution at all occurred it was to be found in the cerebrum. He also noticed that unilateral castration made no difference in the relative size of the lateral lobes of the cerebellum. Furthermore, he observed the larger size of the middle lobe, or vermiform process, in birds over that of the lateral lobes, and set himself to discover in what faculty it was that birds were deficient when compared with other animals, or what faculty they possessed that would account for this predominance of the middle lobe. The conclusion arrived at by the author is that the faculty which in birds is lacking is that of cuticular sensibility, whilst that faculty which they possess more than other animals is that of balancing themselves in a medium of less specific gravity than that of their own bodies.

In support of these two conclusions, he further searched for some class of animals possessing the former faculty in an opposite degree, and considers that he has found what he sought in the class of cetaceans. These animals possess such an acute cuticular sensibility, that they are able to communicate with each other at long distances through vibrations of the water. In these animals the lateral lobes of the cerebellum are larger, in comparison with other nervous centres, than in any other animal, with the exception of the bat. These facts appear to prove that the median and lateral lobes of the cerebellum have different functions, the former being the great ganglia of the nerves of muscular resistance, and the latter the great ganglia of the nerves of cutaneous sensibility. These conclusions were further confirmed by an examination of the cerebellum of the bat. This animal possesses the faculty of supporting itself in the air, and also possesses acute cuticular sensibility, and in it both portions of the cerebellum are largely developed, so much so indeed as to render the cerebellum larger, in comparison with the cerebrum, than in any other animal. Avoiding, as already stated, all phrenological discussions, it may be added that Mr. Prideaux adds a pathological observation on the effect of wounds or other lesions of the cerebellum. The influence upon the sexual functions in these cases is accounted for by the author from the loss or impairment of muscular co-ordination or of cuticular sensibility.

The functions of cutaneous sensibility and of muscular co-ordination have been attributed, conjecturally, to the cerebellum by some physiologists, but there has been no previous attempts at proofs, such as we are now indebted for to Mr. Prideaux.

Syphilitic Paralysis Treated by Mercurial Inunctions.

The following (from the *Bulletin Generale de Therapeutique*) illustrates a form of paralysis of a syphilitic origin happily susceptible of cure by specific treatment. Dr. Thomas Reade, of Belfast, many years since drew attention to this form of syphilitic lesion, and from time to time, in the pages of this Journal, typical cases have been recorded; and some remarkable in their character have been reported by Mr. Morgan, of Dublin, in the number of the Journal for Sept. 8, 1869.

A "sergent de ville," aged thirty-nine, was admitted to La Charite, November 4, 1868. He always had enjoyed perfect health, but affirms that he only contracted syphilis in 1860. He had then a hard chancre, a pleiad of indurated glands, sore throat, "patches," &c.; for these he was successfully treated by iodide of potassium and Van Swieten's liquor.

On Nov. 2, 1868, having suffered for some days previously from diarrhœa, he was suddenly affected with watery evacuations, and an intense pain in the lumbar region; just then (as he was on guard,) he saw a marauder making his escape, and made an effort to pursue him, but found his limbs were incapable of supporting his weight. He was received into hospital the next day; he could walk for the two first days, but soon lost the power of motion, and was confined to bed; gradually he got worse, and complete paraplegia came on, the lower limbs being moved about by his hands and quite powerless, and gradually the arms themselves became affected, and could hardly be raised to the mouth or over the head. From the syphilitic history and symptoms, the case was diagnosed as one of reflex and syphilitic paralysis, and treated on this principle by the use of mercurial inunctions; once the patient became under the specific influence, the symptons began to amend, and he was finally discharged in a few weeks cured, and able to walk without difficulty.

Treatment of Cancroid Growths by Arsenic.

M. Kuhn gives several cases illustrating the advantages of applying arsenical pastes, not directly to the surface, but to the substance of the growth. He advises the previous application of caustic potash, so as to produce an abraded or raw surface, which can then be directly acted upon by the arsenical preparation. It is to the want of adopting this preliminary step that M. Kuhn attributes the malsuccess of many cases. Without an abrasion of the surface arsenic does not seem to exert any influence. Thus, the conjunctiva of pigeons, when brushed over with a concentrated arsenical solution, suffers no injury whatever. The following is an illustrative case:—

T. W., aged seventy, had a cancroid tumor of the lip. M. Kuhn touched the growth with caustic potash, and then coated the surface over with Frere Come's paste. The patient suffered but little pain. The eschar fell off in three weeks, and the cicatrix was perfect in five weeks.

Several others are cited where the cancroid growth was destroyed by the use of the arsenical paste after the surface was opened up by the use of caustics.

A Novel Method of Treating Naso-Pharyngeal Polypi.

A girl, twenty-five years of age, of lymphatic temperament, complained of difficulty of swallowing, and breathing through the nose, and the usual inconveniences of a polypoid growth, which could be felt growing above the soft palate. There being much difficulty in getting near its root so as to have it thoroughly removed, M. Bounes (de Nimes) contrived a method for incision which would succeed, consisting of a thimble ring, furnished with a sharp-cutting steel nail-shaped plate. With this the pulp of the finger is free to feel the exact spot, when, by pressing the steel nail into the root of the polypoid growth, the mass is separated by a species of uprooting it from its attachment.

Reviews and Book Notices.

NOTES ON BOOKS.

Our active countryman, Professor SALISBURY, of Ohio, is obtaining a hearing from European *savants*. In the *Revue des Cours Scientifiques de la France et de l'Etranger*, of Nov. 6th, 1869, there is a long examination and translation of his essay on the causes of remittent and intermittent fevers.

Some very important "Notes on the Principles of Population," have been printed in pamphlet form, by ANDREW A. WATT, of Montreal, Canada. The principles he advocates in the reduction of vital statistics throw quite a new light on questions of population. They are included in the *Half-Yearly Compendium* for January 1st, 1870, to which we refer our readers.

The East River Medical Association has published a pamphlet on the renewal of prescriptions, showing, we think, conclusively, that whatever technical claim the druggist may have on a prescription he fills, it belongs in equity to the one who wrote it.

Rhode Island is one of the few States whose Registration Reports are worth reading, and when we say that they are prepared by Dr. EDWIN M. SNOW, of Providence, we explain why they are of real value. The fifteenth, which is now before us, will be found to contain much to render it worthy of preservation.

The Committee on the Relations of Alcohol to Medicine, of the American Medical Association, report, through the chairman, Dr. JOHN BELL, of this city, on the whole, very decidedly against its therapeutic use. The report has been published separately, and will, doubtless, soon be known to those interested in the "temperance movement." One thing is certain; alcohol unquestionably causes more diseases than it cures; but this fact is apt to lead to a hasty conclusion among reformers.

"The Nomenclature of Diseases," drawn up by the Royal College of Physicians of London, has been republished by the American Medical Association, and any improvements or suggestions in it may be sent to Dr. Francis G. Smith, of this city, chairman.

The *Baltimore Medical Journal* appears early in this month, under the editorial supervision of Drs. E. L. HOWARD and T. S. LATIMER, monthly, $4 a year in advance. We wish it success.

BOOK NOTICES.

Moral, Intellectual and Physical Culture; or the Philosophy of True Living. By Prof. H. G. Welch, Instructor in the Department of Physical Culture in Yale College. New York: Wood & Holbrook, 1869. 1 vol. 8vo. pp. 428. For sale by Claxton, Remsen & Heffelfinger, Philadelphia.

It is a matter of curious speculation with the reflective mind whether a work like this ever finds a "circle of admiring readers." If it does, then there must be a large amount of self-satisfied ignorance, prejudice, and bald Philistinism in American minds which we have never appreciated.

The first part of it is on Gymnastics, and so far as this goes, the author acquits himself creditably enough. The want of diagrams and illustrations is conspicuous, which the author felt, and gives as his reason that they "would make the book altogether too large." Now, if he had omitted everything between pp. 135 and 428, he would have had plenty of room for his wood cuts, and very much improved the literary character of his work. The portion to which this suggestion refers is on "the philosophy of living," and a more stultifying collection of threadbare common places, shallow theorizing, bad gram-

mar, and down-right ignorance, we never saw. One might think all the mottoes had been chosen from all the copy books extant, and all the hackneyed quotations gathered up which are incorrectly retailed in country newspapers.

The author's views on medicine, about which, of course, he is very oracular, may be seen from these extracts: "Sickness is sin;" "Medicines are not needed; Nature requires no aid from them;" "The homeopathic is a great improvement on the allopathic school, but the therapeutic is better than either." "If sick, learn the cause of your ailment, and the remedy will be easy (!!)."

He is very severe on animal flesh and tobacco. The latter, he informs us, "was discovered by Sir Francis Drake, near Tobasco, hence its name," which is the most original information we have seen in the book, and is certainly entirely new. We might quote similar instances by the score, but in mercy to the author and our readers we let the subject drop.

Eierstock und Ei. Ein Beitrag zur Anatomie und Entwickelungs geschichte der Sexual Organe. Von Wilhelm Waldeyer. Professor der Medicin an der Universitat Breslau. Mit S. Tafeln Abbildungen. Leipzig, Verlag von Wilhelm Engelmann. 1870.

(Ovum and Ovary; a contribution to the anatomy and genesis of the sexual organs, etc.)

We have examined this admirable monograph on a most important branch of embryology with lively satisfaction. It is one of those careful, complete, impartial studies in abstract science which have rendered the Germans deservedly famous. The questions of sex are second to none in physiological and even moral and social importance, and the mysterious processes which go to decide it before birth are consequently invested with a far wider attractiveness than most inquiries in physiology.

We think none the less of Dr. WALDEYER because he throws no direct light on these processes and does not pretend to have done so. What it is that decides the sex he has not ascertained, but he does claim to prove that the original condition of the embryo in man and the higher vertebrates is one of hermaphroditism, and neither anything in the ovum nor in the sperm is decisive. This, he says, "seems to be contrary" to the theory of M. Thury, with which our readers are familiar.

The work will be found, we are sure, well worth purchasing by all who take an interest in these questions.

Hand-book of the Diseases of the Eye; their pathology and treatment. By A. Salamons, M. D., Fellow of the Mass. Med. Soc. Boston: James Campbell. 1870. 1 vol. 8vo. pp. 123.

A synopsis, like this, which goes over so much ground in so small a space, is advantageous to the student in connection with clinical studies and the perusal of more extended treatises. Of its kind, this is a very good specimen. The definitions are carefully given, accuracy is observed, and lucidity is not sacrificed to brevity. The operations recommended are carefully selected and described. That for entropium we may particularly mention as in point. A colored plate, at the commencement of the book, shows the ophthalmoscopic appearance of the fundus of the healthy eye. We have noted various solecisms in the language of the text, but these are to be excused on account of the foreign education of the writer, we presume, which his literary friend, Dr. DAMON, does not quite conceal.

A Winter in Florida, to which is Added a Summary. Illustrated. By LEDYARD BILL. New York: Wood & Holbrook. 1 vol. 8vo, cloth. 1869. Price, $1.25.

This will be found an interesting volume for those who contemplate a voyage to Florida. That portion of the peninsula along the St. John river is well and fully described, and the notice of the history of the State is usually accurate.

The "Map of the St. John's River" is a caricature, which should have been left out, but most of the other engravings are true and well printed.

The Foot-and-Mouth Disease.

We have on several occasions quoted from our English exchanges about this disease, which has been raging in England for some months, and, it has been asserted, has given rise to some singular pathological symptoms in the human subject. Our government is becoming awake to the importance of preventing its introduction to this country, and for that purpose the Secretary of the Treasury has issued the following letter to the Collectors of Customs:

SIR: The department is advised that a contagious disease, affecting the hoof and mouth of meat cattle and other animals, is now prevalent in Europe, and, as it is of the utmost importance that the introduction of this disease into the United States should be prevented, you are hereby instructed not to allow the landing of any animals brought into your port from England or from the continent of Europe, except upon the production of a consular certificate that they are free from any contagious disease, and that no such disease prevails in the country from whence exported.

All regulations heretofore issued, which are inconsistent with these instructions, are hereby rescinded. I may also add that under date of the 29th of October last, the Secretary of State was requested by this department to instruct consular officers not to give certificates to persons shipping cattle to the United States, except in cases where the animals have been examined by a Government inspector or other expert, and pronounced free from disease; and further, no animals coming from the vicinage of the disease are to be certified by the consul.

——Subjects for dissection cost in Paris about six francs; in London, upward of £3. Here they cost $15.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 1, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
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1. For **1** *new subscriber* and $5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-Class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

REPORT OF THE SURGEON GENERAL.

This interesting annual document always contains much which the civil practitioner will read with pleasure. We learn from the one before us that with a single exception, the health of the troops in all portions of the country has been remarkably good during the year. The measures adopted for an effective and stringent quarantine along the southern coast wherever the military control of the government extended have secured immunity from Yellow Fever—the disease most likely to be imported from Mexico and the West India Islands. At Key West, however, where the quarantine was only nominal, and the sanitary condition of the town favorable to the development of disease, the influx of refugees and others from Cuba and points where it was already prevailing was followed by an outbreak of Yellow Fever as early as the middle of May. The first case was directly attributable to daily intercourse with refugees from infected points, the second occurred in a citizen of the town just returned from a visit to Havana, and from these two the disease spread rapidly and in a most malignant form among the citizens. In all thirteen officers and one hundred and three men, of whom forty-two were attacked and eighteen died. So soon as thoroughly convalescent all were removed to Indian Key, the disease continuing to prevail in a malignant form among the citizens of Key West to the close of the month of August. The entire escape this year from infection at Fort Jefferson is solely attributable to the intelligent, efficient and rigorous quarantine measures carried out most strictly by the commanding officer, upon the recommendations of the Post Surgeon, Assistant Surgeon S. A. Storrow, U. S. A. No direct communication was allowed with Key West—the transport schooner Matchless was detained at the quarantine ground at each trip, and even her mails were landed on an adjacent key and properly disinfected before being taken to the fort. The prompt disappearance of Yellow Fever on the removal of the command from an infected post into camp at a healthy point, accords with observations made by officers of the Medical Staff, U. S. Army, during previous epidemics, while the good results of a proper quarantine are established by the success attending it at Fort Jefferson.

Brevet Major General T. W. Sherman says: Commendation is especially due to the ardu-

ous and efficient services of Dr. W. F. Cornick, Acting Assistant Surgeon in charge, whose care, zeal and attention to the interests of the well, the sick and the dying at all times, and particularly during the most malignant stage of the epidemic, could not have been surpassed.

The health of the army shows a material improvement over the previous year.

The monthly reports of sick and wounded received at this office from the various posts for the fiscal year terminating June 30, 1869, represent an annual average mean strength of thirty-six thousand eight hundred and twenty white, and four thousand two hundred and sixty-three colored troops.

Among the *white troops* the total number of cases of all kinds reported as taken on the sick list was ninety-five thousand three hundred and forty, being at the rate of two thousand five hundred and eighty-nine per thousand of mean strength, or an average of about five entries on sick report for every two men. Of these entries eighty-five thousand four hundred and twenty, or two thousand three hundred and twenty per thousand of strength were for disease alone, and nine thousand nine hundred and twenty cases, or two hundred and sixty-nine per thousand of strength for wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one death to two hundred and two cases.

Among the *colored troops* the total number of cases of all kinds reported was eight thousand eight hundred and ninety-five, being at the rate of two thousand and eighty-seven per thousand of mean strength, or an average of two entries on sick report for each man. Of these entries seven thousand nine hundred and twenty-five, or one thousand eight hundred and fifty-nine per thousand of strength were for disease alone, and nine hundred and seventy, or two hundred and twenty-eight per thousand of strength for wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one death to fifty-seven cases.

The Army Medical Museum, we learn, has been augmented by valuable acquisitions. The number of visitors who registered their names during the year was twenty-five thousand three hundred and seventy-three. The catalogued specimens now number twelve thousand two hundred and twenty, an increase of two thousand one hundred and seventy-six specimens during the year.

One hundred pages of the surgical portion and six hundred and fifty-seven pages of the medical portion of the first volume of the Medical and Surgical History of the War have been printed. The wood cuts, lithographs and chromo-lithographs for this volume have been completed, the manuscript is in readiness and the work is progressing as fast as is consistent with the minute accuracy indispensable in statistical matter.

At the date of the last Annual Report there were forty-nine vacancies in the grade of Assistant Surgeon; of these fourteen were filled by examination and appointment previous to March 3, 1869, since which date all appointments and promotions in the Medical Corps have been suspended by the Act of Congress of that date. There are now two vacancies of Surgeons, and forty-two of Assistant Surgeons in the Medical Corps of the Army.

POLYPHARMACY.

At one period in medical history, and that not so remote a one but that many now living may easily recall it, this word was a *cri de guerre* which was supposed to carry with it evident condemnation. This was when a reaction took place against the senseless admixture of dozens of articles in one dose, and the preparation of medicaments according to some preconceived notions of the "action of medicines." This explains the disrepute into which polypharmacy has fallen, but it does not justify it.

The followers of Hahnemann, anxious always to act on some exclusive principle which would at once cut off all inductive knowledge, have carried the reaction to the extent of laying it down as one of their rules "which altereth not," that "the single remedy" is only permissible.

Those innovators who within the last score of years have striven to practice medicine without medicine, and assembled themselves under the banner of "*la medecine expectante*," trusting in placebos, hygiene, and inactivity in their treatment, naturally hailed the one-remedy plan with delight, as clearly, if to give no drugs at all be the wisest thing to do, to give only one drug is next to the wisest.

Now, to all these it may be said that their course in this respect is in opposition to the true principles of research in natural science,

to actual observation, and to chemical principles.

The "single remedy" is always, unless it is confined to one of the elementary substances, in fact a compound remedy, composed of various diverse materials. The tinctures and the mineral salts are complicated preparations, and owe their virtue to their complexity. In many instances there is no chemical unity even, as for example, in most organic compounds. The various articles in the tincture of a plant may not be more intimately related than in a well-made "Galenical." The "single remedy," therefore, is one of those deceitful glosses which a moment's examination proves to be a mere fiction of language.

Hardly any physician will deny that certain combinations do act more efficiently than the separated elements. For instance, take Dover's powder, mercury and iodide of potassium, and many others. They are beyond doubt more valuable than any turn-about use we can make of their ingredients. There is a great fear about extending the list. Many physicians have a dislike to long and complicated prescriptions. In some cases it is from a very well founded fear that they cannot compose and write them correctly. The "Incompatibles" are always staring them in the face.

It is true, great judgment must be used, and a careful experience only can decide on the most efficient combinations, but no doubt, that the physician who is an intelligent polypharmacist has much stronger as well as many more weapons wherewith to combat disease.

A good example of a judicious and powerful arrangement of drugs is seen in Brown Sequard's pill against neuralgia and pain generally. Its six ingredients no doubt act each with increased and peculiar force from association. We are glad to see that so distinguished a teacher neither endorses that scepticism as to the action of drugs, now so fashionable, nor is afraid of being called a polypharmacist in his prescriptions.

——The Municipal Convention at Columbus, Ohio, recently adopted a resolution asking the General Assembly to amend the Municipal code so as to authorize the Board of Health to license and regulate houses of ill fame, and prescribe the limits within which such houses shall exist.

——Dr. Alex. McFarland, Superintendent of the Illinois State Hospital for the Insane at Jacksonville, has decided definitely to tender his resignation of that office to the Board of Trustees.

Notes and Comments.

Professor Gross' Portrait.

The Steel Engraving of Professor Gross not being quite completed in time for the first number of the year, will appear next week.

Insanity Items.

Wm. D. Little, a young man who has been for years insane, was arrested early yesterday by Officer Gardner, who interfered between the lunatic and his mother, and he was sent to the Lunatic Asylum. The same individual, it is said, entered the Executive mansion at Washington, a few weeks ago, with the intention of killing President Grant.

John Hickman, living near Chandlerville, Illinois, murdered his wife recently by cutting her throat. This is the second wife Hickman has killed. He was acquitted of the first murder on a plea of insanity. A correspondent of the *Press* of this city says that this same man murdered two women in this State before he removed to Illinois. Had some unfortunate physician given a certificate of insanity in this case, how he would have been abused by the "enlightened" press of the type of the *Inquirer* of this city!

Relapsing or Famine Fever.

The London *Times* sounds a fearful note of alarm. It is much to be feared, it says, that England, or at least London, is at this moment threatened with the invasion of a formidable disease. "We have from time to time mentioned the unusual activity of certain kinds of fever in the metropolis and other great towns, but there is more to be told than meets the eye in the Registrar-General's Returns, and it will need all our vigilance to protect us from the serious risks of the coming winter. How busily scarlet fever is at work the weekly bills of mortality teach us only too plainly; but for the last three months a new and more insidious enemy has been in the field. To many persons—perhaps, indeed, to many medical practitioners—'Relapsing Fever' may be a disease known only by tradition or description, for it is a fact, we believe, that for a period of thirteen years hardly a case of the disorder was seen in the United Kingdom. The 30,000 cases, for instance, treated during that time in the London Fever Hospital included not a single specimen of this particular fever, although at a former period it had been alarmingly prevalent. When we say that it is known also by the name of 'Famine Fever,' we shall have given some idea of its origin and character, and yet it must not be confused with the more terrible plague which proverbially follows dearth. The 'Famine' Fever of which we have now to speak is not in itself or immediate-

ly a destructive disease. It is very rarely fatal, and corresponds in its principal characteristics rather with the 'Low Fever' of our medical nomenclature than with any of the more violent forms of the malady. It is dangerous from its extreme communicability and its distressing consequences. It is easily caught; it is easily carried from place to place; it is very difficult to deal with; and it leaves the unhappy victim predisposed by weakness and exhaustion to the attacks of more acute complaints. 'Relapsing Fever,' in fact, is the ally and provider of typhus."

Medical Society of Virginia.

We learn from a correspondent, that for some time past ineffectual efforts have been made to complete the organization of a medical society in Virginia. The readmission of the State into the Union would appear apropos to further efforts. Late reverses have sadly prostrated—physical and otherwise—the faculty, and incidental with these, the drawers of discouragement are very great.

Eastern Virginia, unlike West Virginia, has no proceedings published in the *American Journal of the Medical Sciences*, indeed, she has little recent literature to boast of. Yet there are many skilled and eminent physicians there, who should unite their efforts to bring it into relation with her sister States.

Anæsthesia on a New Principle.

At a late meeting of the British Medical Association, Dr. B. W. Richardson exhibited a knife consisting of a revolving blade, and which divided with such rapidity that superficial incisions could be made with it without pain. The revolutions were about twenty-five per second, but the speed might be greatly increased. The knife, in its action, illustrated that an appreciable interval of time is necessary for fixing an impression on the mind, and for the development of consciousness. He hoped he should soon be able to give to the surgeon a small pocket instrument with which to open abscesses, and perform many minor surgical operations painlessly, without having recourse to either general or local anæsthesia.—*Scientific American.*

The Discoverer of Vaccination.

The churchyard of the village of Worth, Dorsetshire, England, contains a memorial tablet with the following interesting inscription: "Benjamin Jesty, of Downshay; died April 16, 1816, aged 79. He was born at Yetminster, in this county, and was an upright, honest man, particularly noted for having been the first person known that introduced the cow-pox by innoculation, and who, for his great strength of mind, made the experiment from the cow on the wife and two sons in the year 1774."

Correspondence.

DOMESTIC.

Castration.

EDS. MED. & SURG. REPORTER:

Mr. F——, æt. 59, farmer, was assisting a neighbor to select some pigs from among his hogs, when an enraged sow attacked him, and in his attempt to get away was thrown down, his clothes badly torn from his body, and upon examination found the scrotum torn from the left testicle, including nearly all of the scrotum to the left of the raphe; also, a cut extending half way across the base of penis. The covering of the testicle, although badly lacerated, was replaced, with a hope of saving the testicle with its covering. The scrotum, however, took on a gangrenous condition, and was removed, leaving the testicle with its remaining covering in a very unseemly condition, as well as threatening inflammation of the adjoining structure. At this stage castration was decided upon.

Operation—An incision was made parallel with the raphe, which, upon cutting through the remaining covering, developed adhesions to such an extent that the testicle had to be cut loose from its attachment; afterwards the cord was drawn down, it being secured with a wire suture. The ragged edges were then removed, the edge of the scrotum covering the right testicle was then drawn down, so as to cover the exposed surface of the left side, and secured by the interrupted suture.

The patient made a rapid recovery, at this time being able to attend to his business.

L. H. LAIDLEY, M. D.

Carmichaels, Pa., Dec. 6, 1869.

Vaccination.

EDS. MED. AND SURG. REPORTER:

I notice in the doings of the Social Science Convention, a paper on vaccination by Drs. BACON, HAMMOND and LINCOLN. One of the positions taken is, "Vaccination in the modern sense of the term implies the possession of *four* or more cicatrices; and, "The degree of protection diminishes so rapidly with an increasing number of cicatrices, that the danger of death is only *one-fourteenth* of that to which badly (single?) vaccinated persons are exposed." If this be an axiom, it is time the profession understood it more generally. As a constitutional effect is the main point, and the vaccine marks only a symptom, I can't see the truth of this position; or if it be true, why twenty cicatrices are not then a more sure protection still! Revaccination will succeed with many persons, all know, even in cases of four scars—especially after very early vaccinations, so that fails as an argument. 1st.

Some fever, indicated by a quickened pulse, &c. 2d. Glandular swelling under the arm or elsewhere. 3d. A scab depressed, and following a vesicle, with a hard base, after the eighth day. I have always found an increased pulse between the fourth and eighth day, and consider a hardened areola and one good, umbilicated scab as a good vaccination, and more protection than one-fourteenth. In the winter of '64–65, while in charge of Hospitals at Camp Nelson, Ky., I saw six hundred cases of small-pox, and more than double that number of vaccinations, and after a variety of experiments, came to the following conclusions:

1st. That in a few exceptional cases, small-pox will follow vaccination, but such cases, though distinct in type, are milder in the symptoms, and almost invariably recover. (I never saw a fatal one.)

2d. That fever, a broad areola, a perfect vesicle, a depressed seed, leaving a deep, distinct scar after the eighth day, are the indications of a thorough vaccination, no matter when the vaccine is taken, scab, vesicular lymph, mixed with blood or not.

3d. That vaccination, even in *four* days after exposure, will mature and prevent the small-pox, as I saw in hundreds of cases of exposure in the same room and bed in the Refugee Camp at Camp Nelson.

The habit of cutting in many spots originated, probably, in the increased chances of the vaccine taking—but one made by long slight touches with a lancet, ten or a dozen in number, and crossed in the same way, and the vaccine rubbed in well, will secure good constitutional effects and a large cicatrix. I generally make two to be secure of success in one. It is a venerable notion that the lymph of the vesicle and the scab, at some particular time, is best; but if we get the effects, is not that the test of the vaccine? I recollect a case apropos to the popular idea of the conveyance of disease by vaccination. A mulatto with a body eat up almost with scrofulous sores on the neck, in the axilla, and vaccinated for the first time, went into the hut where four colored children were, and in a spirit of mischief, pricked his vesicle about the eighth day, and scratched their arms. The mother brought them to me, and I watched the cases for two months. The cicatrices were perfect, and no eruption or tumor appeared. I can't say the same where a white soldier gave his friend a good vaccination and a soft chancre at one and the same time.

Your obedient servant,
H. L. W. Burritt, M. D.

Treatment of Dysentery.

Eds. Med. and Surg. Reporter:

Allow me, through your excellent journal, to say to its readers, that from an experience of years I am prepared to say, that chloride of sodium and tannic acid in the treatment of dysentery exceed all other remedies I have seen used; both as a palliative and curative agent.

I was induced to try their effects (which I did on myself first) by two considerations. First, the doubtful propriety of giving opiates in mucous inflammations; and secondly, the therapeutic properties of the medicines. I have always been delighted with the promptness with which it relieves the pain and tenesmus, and the rapidity with which it works an entire cure.

I have invariably used them to the exclusion of all other remedies for twelve or fourteen years, and can say in truth, they have never disappointed me. The course of the disease under their use, is from one to four days.

Hoping that others will give the treatment a fair trial, I subjoin my method of preparing and using the medicines:

Take Chloride of sodium,	1 oz.
Aquæ font.,	12 "

Boil and skim till pure. Give to an adult when cool, 4 to 6 oz., and repeat in 4 hours. When the bowels are acted upon and a regular discharge produced by the salt, give tannic acid, 3 grs., every four hours, and if need be repeat the saline solution, as before, the third day.

N. B.—No opiates given at any time.

James A. Brooks, M. D.

[We believe that in one of the earlier volumes of the *Transactions of the American Philosophical Society*, Dr. Rush strongly recommends chloride of sodium and lemon juice in the same complaint.—Eds. Rep.]

News and Miscellany.

——Ladies are to be admitted to medical lectures at the Carolinska Institute, in Stockholm, provided they have the same amount of preparatory knowledge as is required of male students.

Lectures on Ethnology, etc.

Dr. W. J. Davis, ex-professor of the University of St. Petersburg, has lately arrived in this country. The Professor has been an extensive scientific traveller in European, Asiatic, and African countries, having been with Dr. Livingstone in some of his earlier researches. But his most exhaustive travels and scientific investigations have been made in Chinese Tartary, Thibet, and among the ranges of the Himalayas. Professor Davis proposes to lay before the Philadelphia public his ethnological and geographical gleanings in the shape of popular lectures. These lectures, wherever delivered, have been received with great favor. The Berlin *National Times* gives the Professor hearty endorsement, and the

New York journals speak in praise of his lectures. Students of ethnology and geography will find them profitable.

Army and Navy News.

Medical Department of the Army.

The following is from the recent Report of the Secretary of War to Congress:

The current expenditures of the Medical Department during the fiscal year ending June 30, 1869, were $233,561,21; the total expenditure of that department, including "war debts" and "refundments," was $708,305.36, and the available balance on hand at the close of the year was $1,792,050 73. The health of the troops has been good. Yellow fever has appeared at Key West only, and at this point there were forty-three cases and twenty-one deaths; but by the prompt removal of the troops to a new station the ravages of the disease were at once stopped. The total number of cases on the sick list during the year was 104,235. The average number constantly on sick report was 2,367, or about 5.5 per cent. The number of deaths was 548; of discharges for disability 1,128.

The first volume of the Medical and Surgical History of the War is being printed.

The number of commissioned medical officers for duty on June 30, 1869, was 161, being an average of one medical officer to 204 men. The number of posts was 239, besides detachments and outposts. There are now two vacancies of surgeons and forty-two of assistant surgeons in the medical corps.

The experience of the past three years has shown that the present organization of the medical staff is satisfactory; but that, even were all the vacancies in it filled, it would still be barely adequate to the demands made upon it.

QUERIES AND REPLIES.

Climate for Consumptives.

DECEMBER 12, 1869.

I noticed an article in the MEDICAL AND SURGICAL REPORTER of December 4, 1869, on the climate that cures consumption; containing extracts from Dr. Smith, whose experience was gathered from Peru, South America, of Zanja, and Dr. Scrivener on the Mountains of Cordova, and Andine Heights.

1. Do you know the men sufficiently well to rely on their statements?

2. Is there a line of steamers running from Philadelphia or New York, to Cordova, and if so, what is the cost of passage?

3. Are any of the products of that country shipped to Philadelphia or contra?

4. What language do the inhabitants of that country speak?

Ills. W. M.

Ans.—Steamers run from New York city to Buenos Ayres, and others from there up the River La Plata. The statements of Drs. Smith and Scrivener may be relied on, though it is possible they are a little highly colored. Hides, wool, and dried meat are the principal articles of trade. The language is Spanish. The cost of passage can be ascertained in New York, and we shall try to find out and write you.

Dr. A. H., of N. Y.—"Which American Medical Lexicon would you recommend best? What is the best treatise on fevers of this continent?"

Ans.—Dunglison's Medical Lexicon is best. Flint's Practice may suit you for the second inquiry.

Dr. L. F. of N. J.—Your kind expression of opinion about the REPORTER has given us great satisfaction. We aim to make it independent in tone and spirit, and a correct exponent of enlightened medical knowledge. We shall endeavor to continue to merit your kind sentiments.

Dr. E. D. H. of N. Y.—We have read your description of the case and are of opinion that the disease is of a more serious nature than you suppose. But we can say nothing positively, nor you either, without a microscopical and chemical examination of the urine, which you ought to make at once.

Please allow me to enquire through your columns, your diagnosis and treatment of the following symptoms:

First. A desire to take very full inhalations, and very often, without for a moment relieving that desire. Sighing inhalation gradually increased for about four months, at which time the patient was unable to leave his bed on account of it. At about this time the entire surface of the body became bathed in cool perspiration, since which time the patient has been gradually but very slowly improving; being one year since the symptoms first appeared. Perspiration disappeared gradually, being noticed on the lower extremities last. Patient suffered no pain at any time, and has had a good appetite during the entire attack. Has slept well and lost no flesh. Myself being away from the place at the time he was worse, I had no opportunity of examining the condition of the heart. Has always complained of a weakness of the knees. Treatment has been of no avail, so far as we can see.

Hoping you may be able to give some light on the subject, from this very hurried statement of the case, I close.

I am very respectfully Yours, &c.,

H. R. MOORE, M. D.

MARRIED.

TREADWELL—CLEMENT.—At First Methodist Church, Memphis, by Rev. — Patterson, on October 26th, 1869, Dr. J. C. Treadwell, of Swan Lake, Arkansas, and Miss P. W. Clement, of Memphis, Tenn.

YOST—PATTON.—December 14th, at the residence of C. K. Yost, Esq., in York Co., Pa., by Rev. J. Y. Cowhick, J. F. Yost, and Miss Emma Patton, all of Lancaster Co., Pa.

DIED.

BELL.—At Lafayette, Ohio, on the 18th of December, Dr. Samuel Bell.

BOISNOT.—In this city, on December 16th, Walter L., youngest child of Dr. J. M. and M. E. Boisnot.

CADY.—In New York, on Sabbath morning, December 19th, Julia Bulkley, wife of J. Cleaveland Cady and eldest daughter of Dr. H. D. Bulkley.

CORNELISON.—At Bergen, N. J., December 16th, Aletta, wife of Dr. J. M. Cornelison.

EVANS.—At the residence of his father in Juniata county, Penna., December 14th, Louis Ibri Evans, a second course medical student, of the University of New York, of confluent small pox, aged 22 years.

HADLEY.—At Brooklyn, December 19th, Wm. W. Hadley, M. D., aged 51 years, 8 months, and 7 days.

JACKSON.—In this city, on the morning of Friday, December 17th, Samuel Jackson, M. D., (formerly of Northumberland), in the 82d year of his age.

He was born in Chester county, and removed to Northumberland county, where he resided for some forty years, when he came to this city and practised successfully. He was an eminent physician, and leaves a large circle of friends to mourn his loss. His son, Francis A. Jackson, is now a professor in the University of Pennsylvania.

SHARPE.—In this city, December 18th, William Sharpe, M. D., aged 63 years.

SOUTHACK.—In New York, December 14th, Dr. J. W. Southack, in the 30th year of his age.

WISTER.—In this city, December 14th, 1869, Casper Wister, Jr., in the 14th year of his age.

S. D. Gross

PROPERTY OF THE JEFFERSON MEDICAL COLLEGE PHILADELPHIA

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Original Department.

BIOGRAPHICAL SKETCH OF PROFESSOR GROSS.

Dr. Gross, whose portrait accompanies this number of the Reporter, was born near Easton, Northampton county, Pennsylvania, on the 8th of July, 1805. After receiving a classical education at the Academy at Wilkesbarre, and at the High School at Lawrenceville, New Jersey, now under the charge of the brothers Hammill, he commenced the study of medicine with Dr. Joseph K. Swift, at Easton, and subsequently entered the office of the late Prof. Geo. McClellan, whose private tuition he enjoyed for nearly two years, graduating at the Jefferson Medical College, of this city, in the spring of 1828. He soon after opened an office at the corner of Library and Fifth streets, but not finding much encouragement in practice, he left Philadelphia in 1830 for Easton, where he remained for the next two years and a half, when he emigrated to Cincinnati to assume the duties of the Demonstratorship of Anatomy in the Medical College of Ohio. He continued in this position, however, for only two sessions; for at the end of this period, the Medical Department of the Cincinnati College was organized, with a chair of Pathological Anatomy, to which he was unanimously elected by the Board of Trustees. He discharged the duties of this chair with great zeal and industry, and was thus the first person who taught morbid anatomy systematically in the United States. In 1840 he was appointed Professor of Surgery in the University of Louisville, and, accordingly in the autumn of that year, he left Cincinnati, abandoning a large and lucrative practice and an enviable social and professional position. He remained in Kentucky sixteen years, with the exception of one winter, which he spent at the New York University, as the successor of Dr. Valentine Mott. In 1856, upon the resignation of Dr. Thomas D. Mütter, Dr. Gross accepted the chair of Surgery in his Alma Mater, and has ever since resided in Philadelphia.

Dr. Gross became an author at an early period of his life. His first effort as a literary man was a translation of Boyle and Hollard's General Anatomy, which was followed in rapid succession by Hatin's Manual of Obstetrics, Hildenbrand on Typhus Fever, and Tavernier's Operative Surgery. His first original work was his Treatise on the Diseases and Injuries of the Bones and Joints, including Fractures and Dislocations, issued in 1830. In this work he called attention, for the first time, to the use of adhesive plaster as a means of extension in the treatment of fractures, a mode of dressing now become classical. During his connection with the Cincinnati College he published, in two volumes, his well-known Elements of Pathological Anatomy, the only systematic treatise on the subject ever produced in this country. This work has passed through three large editions, and met with general favor from the public press. Soon after his removal to Louisville, Dr. Gross edited an edition of Liston's Surgery, with large and important additions; and entered upon a series of experiments upon dogs for the purpose of determining the best mode of treating wounds of the intestines. Upwards of two years were spent upon these investigations, the results of which were given to the profession in a series of papers in the Western Journal of Medicine and Surgery, and finally embodied in an octavo volume of nearly two hundred and fifty pages. Nearly one hundred dogs were sacrificed for this object.

In 1851 appeared his Practical Treatise on the Diseases, Injuries, and Malformations o the Urinary Bladder, the Prostate Gland, and the Urethra, of which a new edition, revised and much enlarged, was issued in 1855. A work on this subject was at that time much

needed, and it was at once received as an authority, as it is by far the most elaborate production upon the subject in any language. The Treatise on Foreign Bodies in the Air Passages, also an exhaustive work, was published in 1854, in an octavo volume of four hundred and sixty-eight pages, and was the first attempt that was ever made in any language to systematize our knowledge in this department of the healing art. His next work was his well-known and highly popular System of Surgery, in two large octavo volumes, published in 1859, which established for him at once a broad national and foreign reputation. A fourth edition of the System, thoroughly revised and much enlarged, appeared in 1866. In 1861, he edited the lives of eminent American Physicians and Surgeons of the 19th century, to which he contributed several sketches.

Dr. Gross has been a most liberal contributor to the periodical press, and for five years he was the principal editor of the North American Medico Chirurgical *Review*, a bi-monthly journal, conducted with marked ability. He is the author of numerous addresses, introductory and valedictory, and of biographical memoirs of various physicians and surgeons, as Ambrose Parè, Ephraim McDowell, Daniel Drake, John Syng Dorsey, J. Cobb, Charles Short, Valentine Mott, and Robley Dunglison. During his residence at Louisville he prepared an elaborate report on Kentucky Surgery, afterwards published in the Transactions of the Kentucky State Medical Society, and he is also the author of several exhaustive papers in the Transactions of the American Medical Association.

As a lecturer, a teacher, a surgeon, an operator, and a general practitioner, Dr. Gross is well known. In the amphitheatre he has always been very popular, and has never failed to command the respect and affection of his pupils. He is now engaged in the delivery of his thirtieth course of lectures on surgery; and during all this time he has seldom been a day absent from his post. He was a Hospital Surgeon for twenty-seven years.

Dr. Gross is a member of the American Philosophical Society, and of a number of Medical, Literary and Scientific Societies, foreign and domestic. In 1862 he was made a member of the Imperial Royal Medical Society of Vienna, and in 1868 of the Royal Medical and Chirurgical Society of London. The Jefferson College, at Cannonsburgh, Pennsylvania, some years ago conferred upon him the degree of LL. D. In 1867 he was elected President of the American Medical Association, which he afterwards represented at the British Medical Association at its meeting at Oxford, in August, 1868. Of this association he was at the time created an honorary member.

Lectures.

A LECTURE ON DIABETES MELLITUS.

By A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

(continued, from page 3.)

From the clinical history of the case, it was evident that the patient was suffering from *diabetes mellitus;* and the following treatment was instituted. He was to have a warm bath every night on retiring to rest; his diet was to be chiefly animal; tea, coffee and milk were allowed for drink. He was to take moderate exercise in the open air; sleep in a large room well ventilated; totally abstain from all alcoholic stimulants and sexual intercourse. At night he was to have one grain of opium and half a grain of ext. belladonna. As a tonic he was to take one of the following pills three times a day after each meal:

℞.	Ferri pyrophosphatis,	ʒj.
	Quiniæ sulph.,	gr. xxx.
	Strychniæ,	gr. j.
	Ext. gentianæ,	ʒj. M.

Ft. in pil., No. xxx.

Under this plan of treatment the urine was soon reduced to six pints in the course of twenty-four hours; his appetite and digestion were improved, his strength increased, and there appeared to be a faint hope that he might be restored to partial health. But, unfortunately, on the first of October he was attacked with enteric typhoid fever. It was, however, mild in its form, and by the 21st day he was convalescent. I ceased my attendance on the 22d, and saw no more of him until the 4th of November. He came to see me early in the morning; stated that the day before he had walked three miles; ate a very hearty supper, and at an early hour retired to rest. About four o'clock in the morning he awoke with a severe pain in the bowels, which he attributed to costiveness, as he had not had a movement for five days. He was ordered a desert spoonful of the following, every 4 hours:

℞.	Syrup. rhei comp.,	
	Ext. sennæ fluid.,	aa. f.ʒj. M.

The second spoonful produced a large evacuation from the bowels, which relieved the pain at once. The next day he was very comfortable until about 9 o'clock in the evening, when he began to complain of pain in the chest, and dyspnœa. When I saw him at 10 o'clock, his pulse was almost imperceptible. I ordered

stimulants, but he soon became insensible, and died the next morning about 8 o'clock.

Post-mortem twenty-six hours after death.

The *heart* and *lungs* were normal.

The *liver* was very much enlarged, and presented marked evidence of amyloid degeneration.

The *spleen* was somewat larger than usual, congested, and when cut appeared harder than common.

The *stomach* was healthy, with the exception of a slight congestion of the mucous coat.

The *intestines*, both small and large, were congested and in places altered in structure. These lesions were softening of the mucous membrane, thickening of Peyer's patches, enlargement and chance ulceration of the solitary glands, with intense congestion of the valvulæ conniventes.

The *bladder* was large and contained about three pints of light colored urine. One of the ureters was very much enlarged, and contained considerable urine, but a careful exploration did not show any obstruction at its outlet into the bladder.

The *kidneys* were enlarged. One of them weighed nine ounces. The capsules were slightly thickened and adherent, the surfaces were smooth, pale, but showing dilated veins. On section they exhibited all the characteristics of the amyloid kidney, in its first stage.

In this case the typhoid disease was the principal cause of the patient's sudden death. The amyloid condition of the liver and kidneys was a secondary complication of the diabetic malady. I have no idea that the amyloid condition of these organs was the cause of the diabetes. The amyloid condition of the kidneys is often found in other wasting diseases, such as pulmonary tuberculosis. I have in my book of MEDICAL FRAGMENTS, the post-mortem of three cases of diabetes, wherein the amyloid kidneys were found, and my young friend, Dr. Palmer, of this city, has recorded another, which he saw at the Bellevue Hospital, New York, while a student there.

III.—THE ESSENTIAL NATURE OF DIABETES.

As to the essential nature of this disease, various opinions have been entertained by many of our best medical philosophers. But none of them have withstood the test of criticism so well as that advanced by M. Claude Bernard. In 1848 this distinguished physiologist made the discovery, that the liver, besides the secretion of bile, has another very important function, the production of sugar. Now it is well known that, under ordinary circumstances, a considerable amount of saccharine matter is introduced into the system with the food, or produced by starchy substances by the digestive process in the stomach and duodenum. In man, and some other animals, an abundant supply of sugar is derived from these sources, and this appears necessary for the proper support of the vital functions. The sugar absorbed from the intestines, is destroyed by decomposition after entering the circulation, but these very chemical changes are necessary for the proper constitution of the blood, and the healthy nutrition of the tissues.

Experiments show, moreover, that the system does not depend entirely upon external sources for supplies of sugar, but that it is produced independently in the liver, whatever may be the nature of the food upon which the animal subsists. Thus the milk of carnivorous animals contains sugar, and in the human subject, when affected with diabetes, the sugar often appears altogether out of proportion to that which could be accounted for by the vegetable substances taken in as food. Bernard has shown that in this instance most of the sugar has an internal origin, and that it makes its first appearance in the liver.

The sugar thus formed in the liver has been called HEPATINE, and very much resembles glucose, or the sugar of starch, the sugar of honey or milk, but is not absolutely identical with either. It is distinguished from all others, says Bernard, by the readiness with which it is decomposed in the blood. Cane sugar and beet sugar, if injected into the circulation of a living animal, are discharged unchanged with the urine; sugar of milk and glucose, if injected in moderate quantities, are decomposed in the blood, while if introduced in large quantities, they also make their appearance in the urine; but a solution of sugar, though injected in much larger quantity than either of the othern may disappear altog ether in the circulation, without appearing in the urine.

The formation of sugar in the liver, is a function composed of two distinct and successive processes: First, The formation in the hepatic tissues of a glucogenic matter, having some resemblance to dextrine, or hydrated starch; and secondly, the conversion of glucogenic matter into sugar, by a process of catalysis and transformation. The saccharine matter in this case is said not to be found in the portal vein, in health, but in the hepatic vein,

vena cava ascendens, and the right side of the heart.

Under ordinary circumstances the sugar absorbed by the blood from the liver, disappears very soon after entering the circulation. According to some writers, it is first converted into lactic acid, which decomposes in turn the alkaline carbonates, setting free carbonic acid, and forming lactates of soda and potassa. It is very probable that while sugar is abundant in the liver and in the right side of the heart, it is not generally found in the blood of the pulmonary vein, nor in the general circulation.

M. BERNARD has shown by experiment that the glucogenic function of the liver is increased by irritating the eighth pair of nerves at their origin in the fourth ventricle, and thus may diabetes be produced. Complete section of these nerves, however, destroy its function entirely. That sugar does not exist normally in the urine and blood drawn from the arm is explained by its rapid decomposition in a state of health, and its excretion, or rather decomposition in the lungs. But when so increased that the lungs cannot decompose the whole of it, or when the lungs, for some cause, are incapable of disposing of the normal quantity carried from the liver to them, then it passes off by the kidneys—hence diabetes mellitus.

As to the primary cause of this disease we are in total darkness. Among the exciting causes medical writers have named, the action of cold, dampness, depressing passions, venereal excesses, intemperance in the use of alcoholic stimulants, insufficient nourishment, composed of feculent food and fermented drinks. Thus individuals who use large quantities of ale or lager beer, are very obnoxious to the disorder. In England and Holland it is more common than in the United States. In Holland it is attributed to the excessive use of tobacco, and the poor acid wines which are the general beverage. The disease is not common in infancy or old age, it is confined mostly to persons in middle life, more particularly between forty and fifty. It is also more frequent among men than women. Its course is always chronic, frequently lasting for years. I believe its average duration may be set down at three years. But this must depend very much upon the care which the patient takes of himself, and his medical treatment. If this be good and judicious, his life may be greatly prolonged.

I now have under my care a patient who has been suffering with the disease for more than ten years. He has taken the best care of himself, and may yet live for years, if he is not cut off by some intercurrent complication. That a permanent recovery from diabetes ever occurs is exceedingly doubtful. I have seen cases where there has been great improvement in the general health, and a suspension of the symptoms for a season, but in the end the disease has returned, and the patient has succumbed to extreme marasmus, pulmonary tuberculosis, or some sudden lesions of the brain.

TO BE CONTINUED.

THE BINDER.

At the last meeting of the Harford County, Md., Medical Society, the following paper from Dr. W. S. FORWOOD, of this city, was read:

Mr. President, and Gentlemen of the Medical Society of Harford County:

The discussion that took place in this Society one year ago, on the subject of the application of the bandage to parturient women, has had the result of enlarging our field of observation in our individual experience, and of acquiring valuable information from other sources.

We have ascertained that the Medical Society of Montgomery Co., Pa., is entitled to the credit of published results on the non-use of the binder, as far back as 1863, in a report made to the State Medical Society in that year.

In the transactions of the Pennsylvania State Medical Society for the present year (1869), quite an extended notice is made in the report from Montgomery county, of the discussion which took place in our Society last year. A brief abstract from this report was copied in the MEDICAL AND SURGICAL REPORTER, in the number for Oct. 9th ult., (Vol. XXI., p. 302,) which, doubtless, many of you have read. But we propose, on the present occasion, to go more fully into the matter, having procured a file of the Pennsylvania *State Transactions*, which has no circulation among our members, or among the profession out of Pennsylvania, and lay before you for your consideration, all that has emanated from the source above mentioned.

We will first quote from the report made to the Medical Society of the State of Pennsylvania, at its last meeting (June, 1869,) from Montgomery county, prepared by the commit-

tee, of which Dr. HIRAM CORSON, an eminent practitioner of that county, was the Chairman.

The report says: "In the MEDICAL AND SURGICAL REPORTER for January 2d, 1869, there is a synopsis of a discussion "On the Abandonment of the Binder as an Application to Parturient Women," by the members of the Harford County Medical Society of Maryland, in which Dr. FORWOOD said, he had recently read in the *Transactions of the Medical Society* of Pennsylvania, a report from the Montgomery County Society, in which it was remarked, that the "abandonment of the bandage in parturient women rapidly gains favor with the profession in our Society." "And," he adds, "this brief sentence comprises all that is said in the report quoted, and leaves us as much in the dark as before; and though he had noticed one or two articles on the subject within the past year, he believed the literature on the subject was extremely limited." Dr. FORWOOD is too careful an observer to have forgotten what has appeared in the *Transactions* during several years, if he had seen them. We may, therefore, justly call attention to the fact, that, in the *Transactions* for 1863, an article entitled 'Midwifery in the Country,' Dr. HIRAM CORSON, at pages 246–7, devotes nearly a page to the subject. He had dispensed with its use several years before that time, and his brother, Dr. WM. CORSON, had preceded him in the practice for several years. Again, in 1864, Dr. WM. CORSON, Dr. SHOEMAKER, and Dr. J. K. REID give testimony on the subject. It is again alluded to briefly in 1866. In 1867, at page 259, the subject is again noticed by Drs. J. N. EVANS, J. K. REID, A. STOKES JONES and HIRAM CORSON, and on page 261, by Dr. W. CORSON. In 1868, we have only the brief reference to the subject already quoted, by Dr. FORWOOD.

"It is not a little amusing to us, who have so long since abandoned the use of the binder, to read the opinions, not only of some of the members of the Harford Medical Society, but of various writers in medical journals. Its unquestioned use for so long a time, its recommendation by professors of midwifery, the fear of hemorrhage if the patient should turn on her side, the necessity for pressure on the blood vessels by the bandage, are all dwelt on as reasons why it would be unsafe to abandon it. It may be well for us, therefore, to allay those groundless fears by informing them that, despite ancient customs, despite the stereotyped lectures of learned professors, despite the fears of experienced practitioners, that weakness and hemorrhage will surely come, despite the horrible dread that pot-bellies (!) will result, Dr. WM. CORSON, the originator of the improved practice in this country, so far as we know, has dispensed with its use during the last fifteen years, in from 1,500 to 2,000 cases; Dr. JOHN K. REID since 1862, in at least 1,000 cases; Dr. HIRAM CORSON, in the last ten years, in several hundred cases; Drs. EVANS, ROBINSON, SHOEMAKER, SCHRACK, JONES, STILES, and E. M. CORSON, in hundreds of cases, without a single bad result, and with so much satisfaction to the patients that they are often most earnest in their praise of the improved practice. Dr. FORWOOD himself made some very just remarks on the subject of parturition being a natural process in the human female as well as in the lower animals, and that, if in the one, so in the other, it could be completed without the interposition of artificial support. He also instanced the habits of the Indian and African women, who did well without such an appliance. We will not make much attempt to disprove its necessity. It is one of those trivial customs, which teachers in midwifery spend hours in teaching to students, and which is magnified into as important a matter as delivery by forceps. We know several doctors who say they always apply the bandage and shift the women themselves. A pretty business for a learned doctor to be putting the 'shift' on a sick woman when her mother, and aunts, and friends, a thousand times more competent, are at hand. Thank Heaven! we hope that class of doctors will not increase.

"If in quadrupeds, with belly so situated that the whole weight of the contained organs and fluids or contents has to be borne by the abdominal muscles, they can do without artificial support, why shall it be necessary in woman, who, after delivery, lies on her back, or side, with no distention of the belly from the soft viscera, and with the abdominal muscles free to perfect their contraction upon the empty and shrunken womb? Why shall we apply a bandage? To support the belly? It needs no support. There is nothing distending it. If you had applied the bandage before delivery, during the last months of pregnancy, when they were stretched to their utmost capacity, there would have been some show of reason for it. But now when they are re-

lieved of their elongation, so gradually effected, have they not a full chance to shorten themselves? Can they fail to do it? We never knew such a case. Will a bandage tightly applied strengthen the muscles? Is that the history of binding up the muscles?

"In the report of 1864, Dr. W. CORSON says: 'It is not only useless, but positively injurious, subjecting the patient, even when properly applied, to positive discomfort, if not permanent disability.' Dr. J. K. REID, in the same report said: 'At the suggestion of Dr. W. CORSON, I dispensed with the bandage in puerperal cases, and I now state that the use of it is, in my opinion, quite injurious to the patient.' In 1867, Dr. W. CORSON writes: It belittles the physician who practices, indicating either ignorance of mechanical and physiological laws, or moral cowardice in view of the innovation. And in the same paper Dr. REID says: 'Every year, more and more confirms my belief that it is never useful, and often injurious and hurtful to the patient. In one case great mischief and suffering were produced by it.' Dr. JONES could see no reason for its use;' and Dr. CORSON states 'that many ladies have expressed great gratification that they were saved from its use.' Others of our Society give similar testimony.

"Dr. HAYS, of the Harford County Society, during their discussion, said he was satisfied that prolapsus of the uterus had been produced by the mal-application of the bandage, and mentioned the case of a patient who had suffered from prolapsus after each of several previous confinements in which she had worn a bandage. In a subsequent case, by omitting its use and lying in bed a week longer, she was completely cured. In the *Transactions* for 1863, Dr. H. CORSON gives a well authenticated case in which a physician in one of our cities came daily for eighteen days to tighten the bandage. Afterwards, on rising, she found herself with an aggravated case of prolapsus uteri. Nor was this all. So uncomfortable was she from the bandage, she trembled at the sight of the doctor as he renewed his visits.

"We ought not to close this article on the use of the bandage without saying that though many physicians are quite startled to hear that some of us dispense with its use, the celebrated Madame Boivin more than twenty years ago had attended thousands of obstetrical cases without once using it, and without losing a single case from hemorrhage."

Dr. CORSON was right in presuming that I had not seen the reports made from time to time by the Montgomery County Medical Society, at the time my remarks were delivered before this Society. The Pennsylvania *State Transactions*, unfortunately for the profession, have no circulation scarcely out of the State. So, with the view of extending this information over a wider field, I take this opportunity of quoting, in full, all that has been published from the source above mentioned. The first notice of the subject we find, is Dr. H. CORSON'S report, entitled "Midwifery in the Country," published in the *State Transactions* for 1863, pages 246–7, as follows:

"Bandaging the woman used to follow the delivery of the placenta, but for several years I have dispensed with it. A change so radical as this, met with as much opposition nearly as the abolishment of children's caps. There are many physicians who would be afraid to leave their patients without first applying the bandage, or seeing that it was *properly* done. When I was in the habit of having it applied, and thought it necessary, I discovered in hundreds of cases that it was generally the day following its application, a loose band, only a few inches wide, lying above the naval. In warm weather, if well applied and kept in place, it was very uncomfortable. These things led me to ask what use it could be. Some women thought it uncomfortable, but necessary in the doctor's opinion. Others thought it intended to prevent 'the stomach from becoming too large.' That it could not be necessary in order to prevent the enlargement spoken of, I was well convinced, for I had seen many women with large families, entirely free from embonpoint, although the bandage which they had used was but in name. Now is it reasonable that it should be necessary. She always lies in bed for days, often for weeks; the abdominal muscles are entirely relaxed, there is no pressure upon them. Even if the woman was on her feet, as the Indian women are, when on a march, the abdominal muscles would be quite able to support the pressure of the almost empty bowels. Suffice it to say, that I have dispensed with the bandage, partly from my own conviction of its uselessness, and still more from the example set by my brother, who had entirely dispensed with it while I was only trying to do so.

"This practice will meet with no favor from those who make a mystery of "fixing the na-

vel." A case was warranted to me some time since, which is, I believe, strictly true, and was under the care of a gentleman with whom I was well acquainted. He believes in the utility of the bandage. He attended to the case strictly, from a strong belief that the bandage would prevent the stomach from becoming large. He would scorn to impose any trickery on his patient; therefore, this is a proper case to show its value. His patient was a healthy woman, and had never had any uterine disease. After confinement, the doctor came every day for eighteen days, to *tighten* the bandage. He made it little tighter each coming day. After the eighteenth day, it was left, until she rose from bed to be about her room, when she found she had procidentia uteri, or at least an aggravated prolapsus. Nor was this all; so uncomfortable was she from this tight bandage, that she dreaded to see the doctor come into the house, knowing that the screw would be turned again. This case, of course, occurred in the city. In the country we do not visit often, seldom more than twice."

In the *Transactions* of 1864, Dr. W. CORSON says: "I discontinued the use of the bandage after delivery several years ago, believing it not only useless, but positively injurious; subjecting the patient, even when properly applied, to positive discomfort, if not permanent disability. I have frequently tapped for abdominal dropsy, and drawn from patients gallons of fluid; have waived all means of compression, and yet have seen no syncope nor signs of compression."

In the same report, Dr. SHOEMAKER says: "I have abandoned the use of the bandage, after labor, for the past three years, and so far, with great relief to the patient, and satisfaction to myself." Dr. J. K. REID adds: "At the suggestion of Dr. W. CORSON, of Norristown, I have dispensed with the bandage in puerperal women, and I now desire to state, that the use of it in my opinion, is quite injudicious to the patients. They express themselves much more comfortable without than with it. The womb is allowed to *settle* down naturally, instead of being *forced* down by the bandage; the ladies who complained of procidentia after confinement, when bandaged, seem less troubled with that difficulty when the bandage was dispensed with. I have not had the least difficulty with hemorrhage, nor any other bad result from dispensing with it, and think if the profession would more generally cease to use it, they would save their patients much unnecessary suffering."

In the report from the same county, which appears in the State *Transaction's* for 1866, the subject is briefly noticed in the following sentence: "The bandages formerly used for puerpual women, are not used at all by several practitioners, much to the satisfaction of the patients."

In the *Transaction's* for 1867 the bandage is again referred to. Dr. I. N. EVANS says: "I seldom use the bandage after labor, as my experience in that direction for the last five years has been averse to its use. I believe that the comfort of paturient females is greatly promoted by its abandonment."

Dr. J. K. REID, whom the report informs us has had a large obstetrical practice, says: "On no occasion do I have a bandage applied. It is now several years since I discontinued the use of it, and I have been every year more and more confirmed in my belief that it is never useful, and often very injurious and hurtful to the patient." One case came under his notice in which great mischief and suffering were produced by its injudicious application.

Dr. A. STOKES JONES "does not use it on any occasion, and cannot see any reasons for its use."

Dr. CORSON has not had a bandage applied for several years, and in no instance has any disadvantage resulted from dispensing with it, while, in many cases, ladies have expressed great gratification that they were saved from its use."

"Here," adds the reporter, "we find from physicians in large obstetrical practice, besides Dr. CORSON, whose testimony will be found on another page, not only dispensing with the bandage, but assuring us that it is to the relief to the patients, who express themselves as being more comfortable without it. It is strange, indeed, that a practice so useless and productive of no good, should have so long prevailed."

On another page of the same report, Dr. W. CORSON writes: "You ask me if my convictions are the same as when I last wrote you, on the subject of bandaging puerperal women. They are, and I think it would be well to bring the subject before the State Society, and endeavor to elicit opinions on the subject. I think it belittles the physician who directs or practises it; indicating either ignorance of

mechanical or physiological laws, or moral cowardice, in view of the innovation."

In the *Transactions* for 1868, (p. 149,) previously quoted, it merely stated that, "The abandonment of the bandage in parturient women rapidly gains favor with the profession in our Society."

In order to state fully all that has been written on this interesting subject by the members of the Montgomery County Medical Society, as published in the State *Transaction's*, we have risked appearing tedious by some repetitions; but we hope the importance of the subject, upon which so little has been written, will be our justification.

Singularly enough in the same number of the MEDICAL AND SURGICAL REPORTER, (Oct. 9, '69,) which contained an extract from the State *Transaction's*, arguing the uselessness and folly of the puerperal binder, a paragraph appears from the pen of Dr. F. A. ROOP, of Maryland, which is appended rather irrelevantly, to a "A Case of Midwifery," p. 291. Dr. ROOP says: "Here permit me to state that I invariably apply the bandage or binder on the woman immediately after the delivering of the placenta, medical societies, and wise men to the contrary, and have never seen any of the evils that they state from its use. It may be considered in Montgomery County, Pa., and other locations, as distinguishing a low grade of civilization, but in this section of climate I have seen it of benefit, and in cases where it had not been applied, or where applied, removed too soon, I have been called to see females in a fainting and sinking condition, and have applied it to their immediate relief, and shall continue to use it as long as I find it *does good* and not harm."

With such extraordinary results, which accrue in his "*climate*," it is to be hoped that Dr. Roop will not be inveigled by "wise men," or even by our friends of the Montgomery County Medical Society, into the abandonment of his bandage.

It is not surprising, however, that Dr. Roop should express himself so forcibly on the subject since the majority of the profession are still with him, and the teachers at our medical schools still occupy considerable time in impressing its necessity upon the minds of their students.

Upon referring to the MEDICAL AND SURGICAL REPORTER for November 30th, 1867, we find extracts from the *Transactions* of the State Society of Pennsylvania, with reference to the use of the binder, which we have already quoted. The following preface is given by the editor: "On the continent of Europe women rarely have the bandage applied. The custom in this country seems also falling into disfavor," etc.

In the number of the REPORTER for December 21, 1867, an anonymous writer, expresses his disapprobation of the announcement of facts which were published as the experience of some of the leading members of the Montgomery County Medical Society. In addressing the editors, he says:

"The array of names in favor of the abandonment of the bandage is so small that it would not be necessary to reply to it, were it not to caution the younger members of the profession against being 'bullied' (!) into the adoption of new and untried (?) theories through the fear of being called ignorant or cowardly.

"Some medical gentlemen have been kind enough to call the writer 'an old-fashioned doctor, because after having tried the experiment [what experiment?] and not being pleased with it, and not being able to find a parturient woman who would voluntarily relinquish the bandage, he publicly and privately gave his opinion against it."

Stopping here, for a moment, we would ask if any medical man ever met with a case of first confinement when the *patient* "would not voluntarily relinquish the bandage?" And we would ask further, if it is not the rule with those patients who have used the bandage to expect its continued use simply for the reason that their physician had previously advised it, and that they *therefore* presumed it to be necessary?

"Prudence" then quotes a paragraph from the Montgomery Medical Society (1867), which we have already copied, and adds that he is surprised to see "a gentleman occupying a leading position in the Montgomery County Medical Society, a gentleman, too, of acknowledged suavity of manner, and urbanity of deportment, so far forgot himself" as to state that a physician belittles himself who directs and practices the application of the bandage. This is certainly a terrible blow upon "a gentleman of acknowledged suavity of manner!" and it is somewhat remarkable that the gentleman so attacked should escape utter demolishment. And we are really astonished to find that Dr. WM. CORSON, over his proper name, without fear of "the wrath to come," has

communicated a page to the REPORTER for January 11th, 1868, in which he has the boldness to remark:

"In your last issue of the REPORTER, I find a critique under the caption of "Bandage in Labor," by "Prudence," his text being an extract from the report of the Montgomery County Medical Society, and which in the report is credited to myself. The critic refers to the author of the invidious paragraph as a gentleman suave in manner and urbane in deportment, and at the same time expresses his surprise that an individual thus constituted should have so far forgotten himself as to indulge in 'vulgar vituperation.' Be it vulgar or otherwise, the legitimate inquiry for men who desire to elevate the standard of the profession, and, in doing so, respect themselves is the *truth* or otherwise of the declaration referred to. I contend for its truth, and stand by a positive experience and the laws designated for the support of what I claim. * * * "Prudence" asks why surgeons bandage their patients after tapping for abdominal dropsy, (I do not, and know that it is not necessary,) or bandage a strained muscle or sprained joint. He answers for the same reason that we bandage the relaxed and strained muscles of puerperal women. This mighty man of knowledge, with head replete with thoughts of other men, can perceive no difference between muscles wrenched and turned from their legitimate role in the economy, and muscles fitted and endowed by the Creator to meet an imperative and unavoidable demand. Common sense revolts at such a parallel, and the mind so befogged as to be unconscious of its irrelevance, must be in a state of deplorable and incorrigible obliquity." Further on, Dr. CORSON adds: "'Prudence' further says, that every physician of experience will tell you that he has arrested syncope by tightening the bandage. This is not my experience. I have attended several thousand puerperal women, and did not lose one in a thousand by flooding or hemorrhage, and never tightened a bandage to avert syncope. Syncope in puerperal women, is, ninety-nine times in a hundred, the result of depletion through flooding, and it never would have occurred to me, from a knowledge of physical law or organic necessities, in view of the cause, to meet the exigency in this way."

Other trenchant remarks might be quoted from Dr. CORSON'S paper showing that "Prudence" trusted altogether to antiquated tradition, and was totally void of personal observation, in the non-use of the binder.

We will conclude this already lengthy paper by reiterating what was stated in our Society a year ago, that several of our members had practiced the disuse of the binder with much satisfaction to themselves and their patients. Dr. J. SAPPINGTON, who has a large obstetrical practice, has for many years abandoned the bandage without any ill result. Dr. THOS. HOPKINS remarked that his preceptor, Dr. ROBERT ALLEN, of Cecil county, had disapproved of its indiscriminate use thirty years ago; and ever since that time he himself had been indifferent to its use, but had generally allowed the old women to apply if they chose to do so, in conformity with popular prejudices, but he could see no utility in it, except possibly in certain rare cases. Dr. HAYS had seen serious results from its application, and favored its abandonment. These are the experiences of our own members, some of them running through many years. And I may add that, in my own practice latterly, I have not applied the binder, and have abundant reason, not only for regarding it as useless, but as an unphilosophical and unprofessional appliance. It is to be hoped that the profession will satisfy themselves by experience as to the utility of the bandage in puerperal women, and if found unnecessary or hurtful, have the moral courage to stem popular prejudices and utterly discard its use.

COMPOUND DEPRESSED FRACTURE OF THE SKULL AND PENETRATING WOUND OF THE BRAIN—RECOVERY.

By W. L. APPLEY, M. D..

Of Cochecton, New York.

Heman A. Matthews, aged 25 years, a lumberman residing at Equinunk, Wayne county, Pennsylvania, was injured July 19th, 1866, in a lath mill. He had piled up by the side of a circular saw a number of hemlock sticks, sawed 3½ inches square and 3½ feet long, and commenced to saw them into lath; one of the sticks accidently fell upon the saw, which was making rapid revolutions; the stick was thrown with great force; one end hitting the left side of his head, producing a lacerated wound of the scalp three inches in length, which bled freely; his father was in the mill near him and supposed him fatally injured; called help and carried him to the house, a few rods from

the mill, and then sent to Hancock, 10 miles distant, for Doctor Pettingill; the doctor arrived about 10 o'clock P. M., six hours after the accident; had him placed in a comfortable position; applied cold water dressing to the wound, and warmth to the feet and legs; the patient was unconscious and could not swallow; the doctor and friends did not expect the patient to survive the night. I was telegraphed for early the next morning, July 20th, and arrived about 10 o'clock A. M.; found the patient unconscious; pulse, 60; respirations, 20, and rather stertorous. We found a fracture and depression of the frontal bone extending from the external angular process upward and backward to the coronal suture about three inches in length. We enlarged the wound of the scalp in a + form, dividing and tying the temporal artery. Upon turning back the flaps of the scalp the fractured bone was well exposed; we found at the posterior angle of the fracture a piece of wood driven through the bone; we succeeded in removing it with forceps; the stick was the size of an ordinary pen holder, and two inches in length, perforating the skull; it must have penetrated the brain an inch and a half; blood escaped freely through the opening in the skull.

The fractured edge of the depressed bone appeared to underlap the edge of the opposite side; the opening made by the stick enabled us to apply the elevator under that angle of the depressed bone, but we found we were unable to elevate the entire length of the depressed bone by this opening alone; we finally decided to drill an opening at the other end or angle of the fracture, with the perforator, instead of the trephine; we did so and elevated the bone, which seemed to produce a marked change in his breathing and appearance. A strip of plaster brought together the flaps, the whole was covered with lint dipped in cold water, and he was put to bed and absolute rest enjoined.

Two o'clock, P. M., insensible; pulse 60; ordered cold water, tea, and milk and water given as soon as he could swallow.

21*st*.—Much as yesterday; ordered cold water to the head, which was ordered to be shaved all over, only sufficient hair having been taken off before to make room for the operation.

22*d*.—Pulse getting up; more full and strong; ordered cold water to the head, and two grains of calomel every six hours placed on tongue.

23*d*.—Inflammation of the brain and its membranes has evidently set in; he is very furious; constantly tossing about and requiring several people to hold him; continue cold water lotion and calomel, tea, milk and water. The contused tissues are considerably swollen; bowels moved freely.

24*th*.—Inflamation continues as yesterday; less power in the pulse. The feces pass off involuntarily. The wound begins to suppurate; omit the calomel; continue cold water to head.

25*th*.—His pulse to-day is better, but no sign of returning consciousness. From this date up to 31st he varied, but it would be tedious to give the treatment pursued each day. Suffice it to say that from the first dawning of returning consciousness which took place the 30th or 31st, he progressed most favorably. The symptoms of inflammation of the brain gradually subsided, healthy granulations sprung up, and the wound healed rapidly, and in six weeks he left his room. He is now in excellent health and with all his faculties as perfect as before the accident.

The chief interest in the case, I conceive, consists in the recovery, after so severe an injury of the brain, and of substituting the perforator for the trephine.

Hospital Reports.

College of Physicians and Surgeons.

December 10*th*, 1869.

Clinic on Diseases of Women.

By Prof. T. G. Thomas.

Carcinoma Uteri.

Mrs. M., æt. 54, has four children, of whom the youngest is 12 years old; for about two years has been ailing, first with pain in the region of the back and side, then over the lower portion of the abdomen; during this time had occasional hemorrhage, but for the last year did not notice any. Three weeks ago it again appeared, and has continued at intervals up to date.

Dr. Thomas said: On placing the patient on her back, and passing my finger up the vagina, I find first a constriction, then an open space, and finally the uterus. In this lake below the uterus there was noticed a fluid substance caused by the disorganization of the lower portion of that organ. It is needless to say this is a case of carcinoma uteri. I present the case merely to show what a paucity of symptoms may be complained of in such a grave disease.

The treatment as I mentioned in previous cases

consists of antiseptic injections with anodynes internally. All we can do is to keep the patient comfortable till the close of the disease. In all probability death will take place by the rupture of this sac, and discharge of the contents into the peritoneum.

Metrorrhagia.

Mrs. M., æt. 27. Married three years. Has had for two years pain in the right side, with severe headache. These do not come on at any special periods of the month. Has never had any children. Does not have the whites. During the menstrual epoch has to go to bed for a few hours, the bearing down pains being so severe. Has noticed clots in the menstrual blood.

The professor remarked, that on passing the finger up the vagina, the mucous membrane of the os uteri was nearly œdematous, much resembling that of the gravid uterus. The os is tightly closed, not allowing the entrance of zoosperms, nor the exit of the menses. The pains are entirely sympathetic; but in this class of cases it often happens that pelvic hæmatocele occurs in slight degree, and gives rise to cellulitis.

I propose in this case to cut from the os internum with a bistoury, and insert in the wound a pledget of lint. Although in very many cases the cervical section is a failure, still I think that in this particular one it offers well; and if the patient will consent to come around next Friday, we shall see what can be done for her.

Mrs. R., aet. 39; married; has had two abortions; six months ago began to flood for the first time, and from that period up to the present has had pain in the small of the back; also in her stomach as she says.

By conjoined manipulation we perceive that the body of the uterus is larger than normal, and to be certain in our diagnosis it is requisite that an examination of the fundus be made. Dr. ROBINSON yesterday introduced five sponge tents, the last one two and a half inches in diameter. But after withdrawing this he found that the tip of the finger could not be introduced within the os. I tell you this gentlemen that you may not be discomfitted, for even the best gynæcologists with a large experience, frequently fail, as you will fail.

In the present case the fibres of the os uteri, shall be cut through with the scissors so that then, I hope we shall have no further difficulty.

Mrs. R——, presented herself at a subsequent clinic for operation. Since she appeared last the fibres of the lower portion of the cervix were incised, and then by means of sponge tents the fundus of the organ was readily explored.

There was found projecting from the uterine wall a fibrous tumor, having a diameter of an inch and a quarter.

Prof. THOMAS, before proceeding to operate, said that in these cases the removal of the tumor was exceedingly difficult, and he doubted very much of his success in the present instance, still he should make the attempt. Before commencing the operation he drew out, with great difficulty, a sponge tent measuring transversely, three inches. He then, by means of a tenaculum, drew down the cervix. Then with a forceps, secured the tumor, slipped over it wire noose, and proceeded to tighten. This little experiment was only partially successful, for on removing the noose, only a thin slice was separated by by the ligature.

He now introduced a scissors, cut off a small section, then scraped out as much as possible by the finger nail and endeavored to disorganize the rest. Next Friday the case shall be reported as to its results.

Prolapsed Urethra.

Mrs. ———.—Dr. THOMAS said, to-day I show a very rare case indeed. It is a procidentia of the urethra. As I separate the thighs of the patient you will see a small tumor projecting between the two labial at the upper portion of the vulva. On passing the sound into the urethra you will see that it passes directly in the center of the swelling. As I make the patient bear down it increases until now it is the size of a walnut. Whilst I place my finger in the vagina, and press up the bladder it retracts. Thus it differs from a caruncle, polypus or any other morbid growth found in that region. The patient complains greatly of distress, with occasional hemorrhage, from this extruded mucous membrane.

Dr. T. proceeded to pass in needles, and by means of the actual cautery removed a portion of the prolapsed membrane.

The patient upon whom an operation was performed for procidentia of the vagina was to-day shown. She is greatly relieved. No more bleeding, and upon examination, but a small portion of prolapse is discovered.

Sponge Tents and Peritonitis.

Dr. THOMAS said that the use of sponge tents was very liable to give rise to peritonitis, an example of which he had at present in his private practice. Last night having occasion to explore the fundus he used the tents and this morning pelvic peritonitis had set in; however, none of his cases proved fatal so far.

Prolapsus Uteri.

Mrs. F., with prolapse of uterus, and to whom a modification of Dr. CUTLER'S pessary had been ap plied at a former clinic was to-day shown. She had used the pessary ever since, and to-day on being requested to press the uterus out, was unable to do so. The pessary consists of two upright bars, having a ring attached to their extremity in such a manner that the cervix is embraced by it. In this instrument, by the suggestion of the maker, a piece

of thread had been applied to the ring to make it more firm, and upon examining the vagina a furrow ¼ inch in depth was found on the posterior wall, caused by the tent thread. Luckily this had not passed back to the rectum, so no bad consequences can be expected to occur.

DISEASES OF CHILDREN.

Clinic of Prof. JACOBI.

Effects of Ligatures in Children.

Child five months old was presented suffering from a deep wound around the leg below the malleoli. From the history of the case, it appeared that the mother was in the habit of tying a string around this portion of the limb to keep the sock on. Prof. J. said this was caused by the effects of ligature, and in young children, who are unable to express their troubles, it often happens that much mischief is done by oversight on the part of the attendant. When a child gives evidence of pain or irritation, it should be completely stripped and examined; at one time it may be a pin sticking in it, again, it may be just what we have here. Ligatures are very pernicious and very effective in their results, as for instance, a ligature applied to a limb would in a relatively short space of time amputate the entire limb. Children are very prone to get pieces of thread or string on the penis, and before attention has been called to it, the organ may have a sulcus of considerable depth encircling it. At this stage the medical attendant may not examine the bottom of the wound, and if he does not, and allows the ligature to remain, then amputation will be the result.

The treatment to be pursued in the present case, is to produce a superficial cicatrix. On examination we find that the deeper portions are moist—the superficial dry. Dry wounds never heal, thus we stimulate the outer and dry edges that they may take on a tendency to grow moist and unite.

In this case, I shall advise the solution of nitrate of silver, (5 gr. ℥j,) to be painted along the margin of the sore.

The effects of ligatures on the fœtus are not of rare occurrence. We often see children who have had limbs amputated in utero. Formerly this was supposed to be caused by the umbilical cord, but now it is known not to be the fact. Placentitis or Deciditis gives rise to fibrous bands, and it is these that cause the trouble. Some years ago a child was shown at one of my clinics with the three middle fingers deeply incised, though not completely amputated. And in another case I had a child with a furrow partly encircling its leg at the upper portion, all due to the same cause during uterine life.

Endocarditis.

Miss ——, æt. 13, came to the clinic complaining of cough, hæmoptysis and dyspnœa upon any exertion. Has had rheumatism 2 years since, and again 8 months ago. Physical examination reveals a mitral regurgitant murmur. Prof. JACOBI said: Of all the complications of rheumatism, endocarditis is the most common. The effusion between the valvular layers contracting gives rise to valvular lesions, usually resulting in insufficiency. The blood is by this condition retarded in its course, first affecting the lungs and giving rise to hæmoptysis, cough and dyspnœa, upon excitement, as complained of by this patient. Then giving rise to congestion of the stomach and liver, by which the appetite is impaired and dyspnœa engendered.

How is your appetite?

I can't eat anything at all hardly, and if I do eat, I am greatly troubled with wind.

The next result is upon the intestines and pelvic viscera, giving rise to constipation catarrh of the bladder, uterus and vagina. The use of digitalis and iron upon a patient like this will be extremely beneficial. I shall present this case again to you gentlemen, and we shall see how she progresses.

MEDICAL SOCIETIES.

PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGIBAL REPORTER.

DR. J. EWING MEARS, in the chair.

Pneumonic Phthisis.

At the regular meeting of the Society, held in the Library Room of the Hospital, Dec. 8th, 1869, Dr. WM. G. PORTER, jr., presented a pathological specimen of a lung, saying that it gave a beautiful illustration of pneumonic phthisis as described by THOMAS ADDISON. The patient, a man, had been subjected to an attack of pneumonia several years before death, also, subsequently, to attacks of acute pleurisy. His affection was diagnosed phthisis. The specimen presented contained innumerable cavities in all parts of both lungs, principally at the apices. The pleura covering the upper lobe of the left lung, was remarkably thickened, about six lines in width. Dr. PORTER gave a brief outline of ADDISON'S theory of phthisis to the Society, and had found the previous history, and pathological appearances of the lungs, of the patient in mention, corresponding very closely to Dr. A's description of that affection. The case in every respect was quite unique.

Poisoning by Carbolic Acid.

Dr. JAS. S. HOUSTOUN presented the following report of accidental poisoning from carbolic acid:

About 5 P. M., Nov. 10th, 1869, Mr. ——, an employee of the Philadelphia Almshouse, aged about 32, took, instead of a dose of tincture of ginger, half an ounce or more of carbolic acid, in the oily state, kept in the wards for disinfecting purposes.

The mistake was discovered almost as soon as it was swallowed, by his complaining of his lips being blistered, when the bottle was examined and found to contain, as plainly labelled, Carbolic Acid.

Seen about five minutes after the poison was taken. He was reclining on a sofa, insensible; face quite livid, bathed in a profuse clammy perspiration; eyes open and turned up; pupils contracted and not responding to light; mouth open, filled with frothy mucous; respiration stertorous; pulse imperceptible; heart sounds scarcely audible.

He had not vomited; there was no spasmodic action apparent; he lay perfectly relaxed and motionless. He was forced to swallow several raw eggs, and with much difficulty about six ounces of warm mustard water; this caused him, in a few moments to vomit, though only a little—being unable to get him to swallow more. With Dr. HALL'S assistance, I endeavored to pass the tube of the stomach pump, but owing to spasmodic stricture of the œsophagus (which Dr. PINKHAM, of Lynn, Mass., in several cases cited by him in the MEDICAL AND SURGICAL REPORTER, for Dec. 1868, shows to be one of the most constant symptoms in poisoning from carbolic acid), we were unable to introduce it.

The galvanic current and artificial respiration were soon resorted to. About fifteen minutes had elapsed since the dose was taken, and though to all appearances the man was quite dead—neither heart sounds nor respiration being discernable—our efforts were continued.

The stomach tube being now readily introduced, large quantities of soap, lime water, olive oil and flaxseed mucilage were thrown into the stomach. When the fluids were withdrawn, they were slightly tinged with blood, and smelled very strongly of carbolic acid.

Artificial respiration, galvanism, and counter-irritation, by means of whisky and capsicum to chest and extremities, were continued for about an hour longer.

Autopsy. Eighteen hours after death, made by Dr. SHAPLEIGH, coroner's physician, at which I assisted. Rigor mortis well marked; evidences of violent counter-irritation on chest and legs. The whole surface of the body was very cold, except on the left side about the cardiac region, where the temperature was markedly elevated. Blood, everywhere dark and fluid, emitting very strongly the carbolic acid odor. Whole venous system greatly congested.

The membranes of the brain were congested, sinuses all filled with dark fluid blood. Along the longitudinal fissures was a subarachnoidal effusion of serum; brain substance not particularly congested; color and firmness about normal; no effusion into ventricles; lips blistered; interior of mouth whitish; tongue white, dry and very hard; pharynx and larynx whitened; œsophagus at upper end whitish and rough, gradually becoming red, until it neared the stomach, where it was brownish.

Stomach contained about eight ounces of a chocolate colored fluid, no undigested food. The mucous membrane was of a chocolate color, roughened and charred, in some places completely destroyed, exposing the muscular layer, and everywhere readily detached. This degree of destruction was chiefly found in the cardiac pouch; near the pylorus it was thickened, and velvety to the touch. This discoloration and destruction continued through the duodenum, fading along the small intestines; the whole alimentary tract was highly congested.

Heart empty and flabby; lungs highly congested; bronchi filled with frothy mucus. Kidneys and liver congested.

Cancerous Liver.

Dr. WM. PENN BUCK presented a specimen of cancerous liver, occurring in a man 55 years of age, a laborer and intemperate. He was admitted into the Medical Wards of the Hospital November 11th, 1869, complaining of severe pain over the right hypochondriac and hypogastric regions. He had complete anorexia, though desire for drink was great, a pale and emaciated countenance, frequent, feeble pulse, no fever, urine high colored and marked restlessness. Before death he became thoroughly jaundiced. Palpation and percussion showed the inferior border of the right lobe of the liver extending into the hypogastric region. His complaint was diagnosed cancer of the liver. He died December 2d, 1869.

An autopsy revealed the liver greatly enlarged, weighing 256 ozs. It was profusely studded with yellowish white nodules of various sizes; from a pin's head to a hazel nut, the centre of the largest depressed and containing pus. The liver substance was mottled in appearance. On section, the nodules were firm and resisting, the liver substance was infiltrated with nodules similar to those found on its surface.

Dr. TYSON had examined a specimen microscopically, and pronounced the affection cancerous, probably of the scirrhus variety. The pancreas was the only other organ found affected.

PROCEEDINGS OF THE NEW-YORK PATHOLOGICAL SOCIETY.

Reported for MED. AND SURG. REPORTER.

Stated Meeting December 8th, 1869.

The President, Dr. L. A. SAYRE, in the chair.

Pathological Specimens.

Dr. FINNEL presented the following specimens.

1st. *Fatty heart* with *pericarditis* from a patient, æt. 42, who died on his way to the police

station. 4 oz. of a straw-colored serum, was found in the pericardial cavity.

2d. *Aneurism* of the *aorta*, patient æt 38. The aneurism affected the ascending portion of the arch, and was about the size of an orange. The arch was atheromatous throughout. The seat of rupture was at the lower portion, breaking into the pericardium. The patient was supposed to have some pulmonary trouble, disease of the heart or aorta never being suspected.

3d. *Rupture of the heart.* This patient, æt. 45, also died whilst being conveyed to the police station. There was discovered rupture of the left auricle of the heart. No fatty degeneration was discovered in the wall of the auricle.

4th. Uterus from a patient, æt. 45, showing the commencement of an ovarian cyst, with fibrous tumor on the anterior wall of the fundus.

5th. *Heart* from a patient, æt. 50, who died suddenly. No lesion was discovered beyond an atheromatous condition of the aorta.

6th. *Uterus* from a patient, æt. 28, who died in convulsions. The woman had been in labor three days, her friends not deeming the attendance of a physician requisite. The fœtus (8 months) was in a putrescent state, and attached to the uterus were portions of the placenta.

7th. *Spleen* from a patient who died of alcoholism. It was supposed she had received some injury during life.

8th. *Uterus and other pelvic viscera* from a case with the following history: The patient, æt 30, had been in attendance at the different clinics in the city, and had been told that she had cancer of the womb. After making the usual round with like result, she put herself under a quack, who styled himself a magnetic physician, and who pronounced her to have watery tumor. He began treatment by rubbing briskly her back and abdomen, and continued this twenty-five times—each process lasting ten minutes.

Several hours after the last visit to him, a discharge of a serous fluid took place from the vulva, and it appeared that the cancerous uterus contained a fœtus of about five months. Strangely enough this was overlooked by every medical man she consulted, each one supposing the fœtal tumor to be the cancerous uterus.

9th *Stomach, liver, duodenum and ileum*, from a patient who had been shot, the ball passing a little to the left of the ensiform cartilage, through left lobe of liver, duodenum, stomach and ileum, grazing the left kidney, and lodging in the lumbar region to the left of the ileum. After the injury the patient went up two flights of stairs, but shortly began to suffer, At this time no blood was vomited, nor were there any symptoms of injury done to the stomach. On the 5th pus appeared at the wound and patient shortly after it was vomited in quantity. On the 7th day patient died. At the autopsy there were discovered extensive adhesions, with about 32 oz. of bloody fluid in the cavity of the peritoneum.

Pelvic Tumor.

Dr. LITTLE presented the pelvic viscera of a patient, æt. 44, with the following history: For four years had a tumor, one year ago it was tapped, and subsequently it was operated on. During the operation it appeared that the growth had no pedicle, but arose from all parts of the pelvis, and it was deemed by the consultation best not to remove it. Several days after the patient died. At the autopsy it was found that the tumor was cystic at the upper portion, and fibrous at the lower, and, moreover, that it arose from the posterior walls of the cervix and upper portion of the vagina.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Consumption.

Dr. GODWIN W. TIMMS, one of the physicians to the North London Consumption Hospital, in an article on this subject, published in the Dublin *Medical Press and Circular*, concludes with the following:

We may sum up shortly our treatment of consumption: Light, simple, and nourishing diet, in quantity always in proportion to the appetite of the individual, (the palate is an excellent guide, which we should always be afraid to offend,) all wholesome fruits and vegetables, a moderate amount of thoroughly cooked meat, and diluents, tea, milk, whey, etc., according to the patient's experience, avoiding all stimulants and forcing of the appetite. Regimen: Excitement of the skin by constant cleanliness, friction and woollen clothing; fresh air—sea air if possible; exercise of every kind, gymnastic exercises, singing, reading; the avoidance of every restriction by dress upon the chest-walls, and of indolence and self-indulgence of every kind; the exclusion of gas from all apartments inhabited by the invalid; early hours, and as short a sojourn as possible in the same atmosphere; hence it is better to take a short sleep in the day than to remain more than six or seven hours in the bedroom, the windows of which should never be shut except on particular occasions, or under peculiar circumstances.

Drug treatment. An obstinate cough, with ex-

pectoration, in the member of a consumptive family, unaccompanied by much general disturbance, is most successfully treated by twelve or fifteen drops of dilute hydrochloric acid in one ounce of water every two hours. Patients often declare that they taste the chlorine in the expectoration.

Chloral.

The statements of M. Liebrich as to the anæsthetic agency of chloral have been subjected to investigation by M. Demarquay, and the results have been far from confirming them. On only a few points are the two observers in accord, and notably on the rapidity and power of chloral as a hypnotic, and as an agent for obtaining muscular relaxation and also the prompt and complete recovery of animals, however far the action of the chloral might have been pushed. M. Demarquay sums up his conclusions as follows:

1. Chloral has a well marked hypnotic action especially on weakened and feeble persons.

2. The duration of its action is in direct proportion to this weakness.

3. The sleep which it produces is generally calm and is not agitated even in patients who are the subjects of severe pain. This result leads M. Demarquay to advise its use in diseases where sleep and muscular relaxation are required.

4. The agent may be given in high doses, since no accident has been known to result even from 1 to 5 gramme doses.

The sleep produced is quite different from that obtained with chloroform. The least noise awakens the patient, but he falls asleep again immediately. The slightest puncture, or even a mere pressure, will elicit complaint; he immediately removes the limb that has been touched. Dr. Demarquay will not venture to say that there is over excitement of the skin, but he can affirm that, however deep the slumber, tegumentary sensitiveness remains entire. Chloral is, therefore, not applicable to surgical operations.

Schools and Health.

Prof. Virchow, in an article translated for the *St. Louis Medical and Surgical Journal*, enumerates the following known injurious agencies and causes of diseases pertaining to schools, to which attention should be directed:

1. *The air in the school-room*, the quality of which is determined by the size of the room, the number of pupils, the mode of heating, the ventilation, moisture of the floor and walls, dust (cleanliness).

2. *The light*, as determined by the situation of the building and room, the size of the windows and their relation to the desks, the color of the walls and surroundings, artificial light (gas, oil).

3. *The sitting* in the school-room, especially the relations of desk and seat, size of the seats, their arrangement, duration of sitting.

4. *Bodily exercise*, especially playing, gymnastics, swimming, their relations to sitting and to the purely mental labor, their arrangements and superintendence.

5. *Mental exertion*, its duration and variety, the individual amount, the arrangement and duration of recesses and vacations, the extent of home and school exercises, the date of the commencement of obligatory attendance, &c.

6. The *punishment*, especially corporeal.

7. The *water for drinking*.

8. The *privies*.

9. The *means* (implements) of *instruction*, especially the choice of school books (size of type), and objects of illustration.

The Medical and Chirurgical Faculty of Maryland.

It affords us, says the *Medical Bulletin*, profound satisfaction to state, that this ancient and honorable body has been thoroughly reorganized and converted into a State Representative Society—just such an organization as was most needed in Maryland.

Hereafter, it is to have annual meetings in Baltimore, or elsewhere, at which medical topics generally are to be discussed; rules of medical ethics established and enforced; professional disputes and misunderstandings properly settled; and a social reunion of the physicians of the State effected. All reputable Medical Societies are to be invited to send delegates to these meetings, with the assurance that their representatives shall be regarded as temporary members of the Faculty, with all the rights and privileges for the time being of its permanent members.

Reviews and Book Notices.

NOTES ON BOOKS.

Prof. Charles A. Lee, of the medical department of the University of Buffalo, delivered an introductory lecture to the class, which has been published at their request.

A severe and largely just criticism on the management of the case of Dr. Alden Marsh, during his last illness, has been reprinted from the *New York Medical Journal*. The author is Dr. Charles A. Robertson.

The quarterly summary of the transactions of the College of Physicians of Philadelphia, contains an excellent memoir of Dr. Robley Dunglison, by Dr. S. D. Gross. We understand that Dr. Dunglison's son is preparing a biography of his distinguished father. From this memoir we learn that up to the time of the author's death, 55,000 copies of his Medical Dictionary were sold, and of his other medical works about 100,000 volumes!

Turner & Mignard, New York, have republished from the *Medical Gazette*, Dr. F. G. Snelling's article on Nocturnal Enuresis and Incontinence of Urine.

T. S. Arthur & Son, of this city, publish three

excellent magazines, which deserve a very wide circulation, viz: *Arthur's Lady's Magazine*, $2.00 a year. The *Children's Hour*, $1.25 a year, and *Once a Month*, a magazine of original and selected literature, $2.00 a year—the three $4.00 a year. We will send the REPORTER and Arthur's three publications for $8.50.

Drs. J. C. DRAPER and J. C. DALTON, of New York, are regular contributors on scientific subjects to the columns of the *Galaxy*, one of our most original and spirited exchanges. Monthly, $4.00 a year. *Galaxy* and REPORTER, $8.00.

Dr. THEOPHILUS PARVIN has removed the *Western Journal of Medicine* from Indianapolis, Ind., to Louisville, Ky., and changed its name to the *American Practitioner*. Dr. DAVID W. YANDELL, a well known practioner of Louisville, has become associated with him in its editorial management. Dr. PARVIN has always made a good journal, and we doubt not it will be increased in interest and value by the change. See card in another column.

Every Saturday begins the new year in a very attractive for. Besides its admirable selections from the current magazine literature, each number is illustrated by very superior wood cuts. It is now published in folio form, and is about the size of *Harper's Weekly*. Fields, Osgood & Co., of Boston, are the publishers. $5 a year. We will furnish it to our subscribers at $4.

From ORANGE JUDD & Co., the indefatigable agricultural publishers of New York, who publish no trashy literature, we have received the *Agricultural Annual* and the *Horticultural Annual* for 1870; both with calendars. The price is 50 cents each, cloth, and 75 cents, muslin. The works are profusely and beautifully illustrated. Every one who has a "garden patch" should have the *Horticultural Annual*.

Vick's Floral Guide for 1870. The First Edition of one hundred and twenty thousand copies of *Vick's Illustrated Catalogue of Seeds and Floral Guide*, is published and ready to send out. It is elegantly printed on fine tinted paper, with about 200 fine wood engravings of flowers and vegetables, and a beautiful colored plate, consisting of seven varieties of Phlox Drummondii, making a fine bouquet of phloxes. It is the most beautiful, as well as the most instructive *Floral Guide* published, giving plain and thorough directions for the culture of flowers and vegetables. The *Floral Guide* is published for the benefit of his customers, to whom it is sent free without application, but will be forwarded to all who apply by mail, for ten cents, which is not half the cost. Address, James Vick, Rochester, N. Y.

A Treatise on Intro-ocular Tumors. From original Clinical Observations and Anatomical Investigations. By H. KNAPP, M. D., late Professor of Ophthalmology in Heidelberg. Translated by S. COLE, M. D. New York. William Wood & Co., 1869, 1 vol., cloth, pp. 323.

The author divides his book into two parts, and an appendix. The first part treats of glioma of the retina, the second part of choroidal sarcoma, and the appendix of other forms of tumors occurring in the eye-ball, A number of cases are given, and careful descriptions of the pathological anatomy of the different forms of growth discussed. The paper and print are excellent. One chromo-lithographic and fifteen lithographic plates, are included. We have no doubt that the many ophthalmologists who are now in our country will find this volume a valuable acquisition.

Transactions of the American Medical Association, Vol. XX Philadelphia: Printed for the Association, 1869.

A number of valuable reports and papers are contained in this volume of the *Transactions*. So far as this applies to the reports of the Standing Committees, it must be limited by the fact that these reports are not intended in any wise to be expressive of the opinion of the majoriry in the Association but solely of the Committee, which usually means solely of the chairman of the Committee who writes them. This deprives them entirely of any value beyond any other expression of individual opinion, and thus very materially reduces their value the more so, as it is rarely the case that the Association pays much attention to the reports.

The report on the training of female nurses, has been already adverted to in this journal. That on a plan to relieve the widows and orphans of medical men, and that on establishing a Library of American medical works will find favor, we hope, with all. The reports on climatology include Texas, California, Massachusetts and New York. The Prize Essays are "Quinine as a Therapeutic Agent," by Dr. S. S. HERRICK, of New Orleans, and "The Physiological Effects and Therapeutic uses of Atropia and its salts," by Dr. ROBERTS BARTHOLOW, of Cincinnati, who is in the vein of writing prize medical essays.

Many of the articles are very valuable and practically useful. We may mention that on the uses of alcohol in medicine, by Dr. JOHN BELL, to which we referred last week, that on the peculiar appearance of the tongue in malarial fever, by Dr. WM. OSBORN, that on mollities ossium, by Dr. JOSEPH JONES, on cleft palate, by Dr. WM. R. WHITEHEAD' and on three cases of lead poisoning from the use of the popular cosmetic, known as "Laird's Bloom of Youth," by Dr. SAYRE. To this latter article we shall have occasion to refer at greater length hereafter.

The Transactions form a volume of 853 pages. There seems greater carelessness than usual in proofreading, and some of the lithographs might be improved.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 8, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS! AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

3. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

4. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

5. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-Class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

THE NEW YEAR.

A severe illness prevented the usual New Year salutation to our readers last week. Though we have but little to say, we cannot let the occasion go by without passing the compliments of the season. As we pen these lines, the last minutes of 1869 are passing, never to return, except in the ever living memories of a happy or of a miserable eternity of an existence upon whose threshold we have but just stepped. May those memories bring before us all the deeds of lives spent in the service of the Master and of our fellowmen, that our eternity may be that of the "good and faithful servant!"

To our profession the past year, and two or three of its immediate predecessors, have not been years of material prosperity. The country has been blessed with an unusual degree of health, while the expense of living has been heavy, and the difficulty of making collections often very great. As the health of the people is our supreme law, we rejoice at the exemption from sickness which it is the constant effort of our profession to secure, and which, no doubt is in part at least, the result of our labors, albeit it places a financial burden upon us.

The new year opens mildly, quietly, pleasantly—and we may say, taking all things in the country into consideration—prosperously. The outlook is that of a year of great prosperity to the country. May all our readers share in that prosperity!

For ourselves, thanks to the efforts of our friends, we begin the new year with fairer prospects, and brighter hopes than ever we began a year before. We are adding largely every day to our subscription list, and shall have many more readers this year than we ever had before. It shall be our endeavor to make the REPORTER a more acceptable and useful journal this year than ever. To this end we trust our readers will contribute—1st, Their own subscriptions, promptly paid; 2d, New names to our list, and 3d, Contributions to our columns.

To all a HAPPY NEW YEAR!

METHODS OF STUDY.

The principle that we must accept no law but experience is a disagreeable one to most minds. Most persons wish to be saved the trouble of forming their own generalizations, and many prefer to have them cut-and-dried for them by other minds. Others feel uncomfortable and at a loss when they recognize that they are acting from uncertain observation only, and not in accordance with fixed laws. Others again are so far from the standpoint of pure science that they condemn at once and unqualifiedly the man who confesses that he has no other guide than what his senses teach him. They say, this is a man without fixed *principles*.

Now, to the true philosopher nothing is more abhorrent than these very *fixed principles*. To him they are nothing but the dogmas of an unripe and a short sighted experience. They are embryos and incomplete forms fossilized and applauded. He prefers to hold all his opinions subject to revision. He knows that the absolutely true is quite beyond his reach, and he does not pretend to it. He also sees that it is fatal to advancement to suppose that the goal has already been reached.

This is the reason why, in medicine the enlightened student will renounce every exclusive dogma, and set down at once as erroneous every system that claims to act on any such as a basis. He will distrust any teacher who dogmatically defends any set theory of disease. He will avoid as a time-waster every instructor who rides a hobby. He will not seek an exact classification of every case of disease, nor will he insist upon a definite reason for every drug he gives.

Such a reliance on experience and experience only, such a cultivated determination to see nothing in a case but what is actually there, will in time lead to sounder methods of practice than will any subservience to, or blind faith in, the precepts of writers or teachers; and it is this habit of self-study, rather than any particular principles, which the wise teacher will seek to inculcate.

A Suggestion.

A correspondent writes: "In the Bellevue Sloop case a trephine should have been applied to the man's head; this, moreover, was indicated by the depression of the skull in combination with the other symptoms."

Notes and Comments.

Medical Profession in Virginia.

An invitation has been extended to the members of the medical profession in the State of Virginia to form a society, to meet at Richmond. Since the war this organization has ceased to exist. In the ensuing spring the National Association will convene in Washington city, and it is desirable to accomplish this object in time to nominate delegates to represent the State in that body.

Pure Wines.

The use of alcohol as a medicine, in some form or other, is now so widely spread that it is a matter of great importance to know where to get *pure wine*. Nearly all foreign wines are either of very inferior quality, adulterated, or excessively dear. Our native wines on the contrary can be obtained cheap and pure, and if our readers are anxious to know *from whom*, we mention as fully deserving their confidence, Mr. E. A. THOMPSON, of Cincinnati, Ohio, (76 West 3d street). Mr. THOMPSON is president of the "American Wine Growers Association," and has a vineyard of sixty acres, from which he makes both still and sparkling wines, of a purity, a flavor, and a price that render them worth the attention of every physician. Those of our readers who wish, can send to him for a "Price List."

Body Snatching.

A correspondent sent the *Pall Mall Gazette* the following remarks on a rather ghastly subject, but one of great importance to medical science:

The scarcity of bodies supplied for dissection in our metropolitan medical schools is becoming more and more marked each year. Formerly, on the first day of October, which is the commencement of the medical session, bodies were in readiness on which the students study anatomy practically; whereas, at the beginning of the present week only eight subjects in all had been distributed among the eleven metropolitan medical schools. If this want continues much longer, men will have to go to the continental schools, or the study of anatomy will be very imperfectly pursued, whereby the advancement of surgery will receive a mortal wound—the public being the sufferers. Either the stringent "anatomy act" must be revised, or existing impediments to a proper supply of subjects under its working must be removed. In Paris bodies can be obtained for dissection, or for the practice of operations, for five francs each, while in London they cost upward of £3 each. The experiment of bringing up unclaimed bodies from the country workhouses has been attempted, but the expense attending their carriage to London has rendered it impracticable. Not

many years ago a system of secret exportation was for some time successfully carried on from Liverpool to the Scottish medical schools, as great difficulty was experienced in obtaining them there otherwise. The conviction and punishment of the offenders under the prosecution of the late Sir Charles Crompton effectually put a stop to the proceeding, but gave rise to an increased amount of "body snatching."

Correspondence.

DOMESTIC.

Strangulation of Bowels Caused by Tying of Ileum.

EDS. MED. & SURG. REP.:

I was called on the eighth of Nov. '68, at 5 a. m., to Artemas Sharpe, male, aet. 20, robust health; trapping and hunting being most of his occupation. Found him suffering severe spasmodic pain in small intestines; had vomited a quantity of bilious matter, and the ingesta which consisted of oysters and pickels which had been eaten late the previous night. I placed him on treatment as for ordinary bilious colic,—for which I took the case. Producing no relief, and having also failed to produce a passage from the bowels by 11 of the same morning, I suspected some obstruction, the nature of which I could not determine. The enemas were kept up with, in hopes of producing an evacuation. For several days the pain was intermittent, leaving some time half an hour interval between pains. In this condition he remained, growing gradually worse until the seventh day, when he died, with all the symptoms of acute obstruction. On the post mortem examination, the strange and hardly credible cause of the strangulation was revealed. The ileum near the ileo-cœcal valve was tied on itself, in a hard and tight knot, with a loop of the ileum beyond the knot, distended to its utmost by the incarcerated gases. The peritoneum over this and about the knot was mortified, having been much stretched to allow the knot. As an illustration of the knot: place a cord in the position placed by druggists when tying a cord on a bottle, pull the loop with one hand, and the free ends with the other, and you have the knot. Much speculation may be indulged in, in solving how came that knot. The person, as I stated, was a strong and robust youth, accustomed to hardship and exposure. There is only one cause that may have paved the way. The subject was in the habit of girthing himself very tightly with a large leather belt. In this condition seated in the Indian manner in his canoe, he would paddle and push it for miles against rapid currents. This may have acted mechanically on the folds of peritoneum, giving the bowels more than usual play. Having never seen a case in any way analogous on record, I deemed it of enough interest to forward it to you, as a case both strange and anomalous.

Respectfully yours,

P. C. REMONDINO, M. D.

Wabashaw, Minn., Dec. 9th, '69.

Strangulated Hernia.

EDS. MED. AND SURG. REPORTER:

I was called to see Charles Laurence, æt. 10 years, Sept. 27th, 1869. Found him suffering intense pain in the abdominal region with distension, constant thirst, nausea, vomiting. On examination I detected strangulated inguinal hernia on the left side. On inquiry, the mother informed me that the hernia was congenital. After he became four years of age, she consulted a physician who procured a truss which was worn two years, and the case considered cured. But on the evening of the 24th Sept., he came in complaining of intense pain in the inguinal region, extending to the scrotum and thigh, the mother being satisfied that the pain was the result of his former trouble, she attempted to reduce it. Continuing her efforts occasionally until I saw him, which was three days after the protrusion, I found the pain, soreness and swelling over the region of the tumor, extending to the scrotum, so severe that the proper use of the taxis was impossible. After using the general remedies to relax the system in connection with local applications, I made another attempt at reduction and failed. I then told the mother that the boy's present condition, considering him as I did on the threshold of peritonitis, demanded an operation as the only chance of safety. I sent for my friend, Dr. STONE, of Coatesville, who, after a careful examination formed, the same opinion as myself, and attempted the reduction of the bowels, but without success.

Chloroform having been administered by Dr. STONE, the taxis was again attempted but failed. I then cut down upon, and carefully exposed the sac. I found the obstruction to reduction consisted in constriction and adhesion of the parts round the neck of the sac, rendering the division of the fibres round the neck, and also the opening of the sac, a matter of necessity; the bowel was very dark colored and highly congested, on account of its three days' imprisonment. The bowel was easily returned, the edges of the wound were closed with sutures, and the dry dressing used, and my little patient in two weeks was able to be about.

N. G. THOMPSON, M. D.

Brandywine Manor, Chester co., Pa.

Stricture of the Urethra.

EDS. MED. AND SURG. REPORTER.

Permit me to report a case of *stricture of urethra,*

through your valuable journal, which I was called to operate upon.

The history of the accident, as far as I could learn, was of this character. The man was employed in drilling an oil well, and was in the act of inserting the tools into the well. I might here state, that the tools used for drilling an oil well weigh from eighteen (1800) hundred to two (2000) thousand pounds, and that they use what is known as *bull-wheels*, for hoisting and lowering tools, casing, tubing, and the like. The man stepped on an arm of the wheel in order to raise the tools, so that a wrench might be removed on which the tools were resting, but being rather light for the work, he gave the wheel a quick jerk, which raised the tool sufficiently *high* for his comrade to push the wrench off. The tools then passing down the hole caused the wheel on which the man was standing to revolve with great velocity. One of the steps on the wheel caught the man in the perinæum, taking him over and fastening him against the derrick which locked the machine. So tight was he wedged in, that it required four men to extricate him. After his removal to his boarding-house several physicians were called in, and after the lapse of twenty-four hours it was found he could not pass water.

The medical gentlemen then, in turn, attempted to introduce a catheter into the bladder, but found in the spongy portion, between the *prostate gland* and the neck of the bladder the urethra and parts so much lacerated that it was impossible to effect an entrance into the bladder. Warm baths with all the usual remedies were resorted to, but nothing seemed sufficient to effect a passage of urine. When I arrived—which was about forty-eight hours after the accident,—he began to show that delirium which is caused from uric acid circulating with the blood. After a consultation with my medical friends it was agreed that the best plan to relieve him was to place him in the usual position for the operation of lithotomy, which was done after an anæsthetic was administered. A grooved sound was passed down to the stricture. I then cut in as in the lateral operation for lithotomy, until I found the end of the sound, after which I enlarged the passage into the bladder. A silver catheter was then introduced into the bladder and allowed to remain for about two weeks, when it was found that the external wound was rapidly closing. The catheter was withdrawn and the patient began to pass water by the natural channel. At the end of four weeks the man appeared to have entirely recovered.

Wm. B. Wynne, M. D.
Tarr Farm, Venango county, Pa.

"Physicians as Dispensers of Medicines."

An article appears in the issue of the Reporter for Oct. 30th, under the above heading. It may not be amiss to allude to the subject again, *per contra*, comprising at the same time that it is hard to divest ourself of the notion that the writer of the article was jesting.

Be that as it may, there are two classes of persons who will defend it, viz: 1st. The unthinking, and 2d. That class who can more readily compound a nauseous dose of medicine than they can write a prescription in regular form. It must not be inferred that that writer of the article referred to belongs to either of the above classes, but he has them on his side.

It is only intended to show the other side of the picture, and not to answer the arguments of the writer.

It is next to impossible for a physician doing a busy and laborious practice to compound his medicines so as to make them palatable to his patients, or to secure, as suggested, "alkaloids and other preparations from manufacturing chemists." In the first place, all the articles of the *materia medica*, as required in practice, are not put up by his competent reliable chemists; and secondly, and more especially, they are not compounded in such form or proportions as each individual case demands. In this connection it will be well to quote from the "Report on Drugs and Medicines" to the Illinois State Medical Society for the current year by Prof. N. S. Davis, of Chicago. He says: "We touch only on one subject connected with Pharmacy. During the last four years there has been a rapidly increasing on the part of Pharmaceutists to manufacture and urge upon the public and the profession propriatory compounds, such as elixirs, concentrated powders, fluid extracts, etc.

And in the opinion of your committee the members of the profession have been too ready to adopt and use such preparations in practice. In the opinion of the Chairman of your Committee this has been a prominent evil:

1st. The use of such compounds instead of the officinal articles of the Pharmacopeia destroys all uniformity in use of drugs by the different practitioners, and makes it extremely difficult to compare the results of medication in the same forms of disease by different practitioners.

2d. There is no security for the continued uniformity in the strength of such compounds.

3d. The use of such proprietory compounds by the profession gives to the manufacturers and druggists greatly increased influence in imposing them on the community as *popular remedies*.

4th. Their use by physicians tends strongly to beget carlessness in prescribing, that is carelessness in adjusting the exact proportion of each ingredient in a compound prescription to the condition of individual patients.

"Having at hand a compound of quinine, strychnine, iron, etc., it makes a strong inducement to

give the same to A, B, and C, though, in fact, A needs only one grain of quinine to five of iron, and C needs two of quinine to two of iron. We hold that it is one of the most important and delicate duties of the physician to adjust the proportion of all compound prescriptions to the pathological condition of each patient. And his success in the cure of disease depends as much on his skill in this respect as on his selection of the remedies he shall use.

"The true duty of the pharmaceutist and druggist is to furnish the profession with individual articles of the Materia Medica in their present, most concentrated, and most convenient form, having the physician to continue them to suit each of his patients."

The unpalatable, nauseous doses of medicine given by men who prepare the medicine required by their patients is the main reason why Homœopathy has made anything approximating a success among the people and against the profession.

While the practitioner is compounding his remedies for his patient, (however nauseous,) would he not be more profitably employed, for his own benefit, as well as for his patient, by investigating the authorities in regard to the pathology, symptoms, and treatment of his case.

It is just as apt to occur that the physician will fleece his patron by overcharging for the medicine he furnishes his patient as that he will secure the fifty per cent. from the druggists. Mistakes are more fatal if they occur with a man putting up his own medicines than if written and put up by a druggist. The latter inspects it and if he be suspicions anything wrong in any respect he dare not put it up without seeing the doctor who wrote it. Whether in city or country practice every physician is presumed to carry a small pocket case of medicines for emergencies.

I will state a connection with my own practice. Many years ago I had a patient (a lad twelve years old) who, after being treated for typhoid fever about two weeks, was seized with cancrum oris. A few days after two members of the profession (without my knowledge,) were called to see him. They told the family that the condition of the boy's mouth was brought about by the improper use of calomel. Before I was aware of it the report was all over the city in a highly exaggerated form, that this horrid state of things was the result of my imprudence or incapacity, and as a consequence a high state of indignation existed. On learning these facts I went to the house with the consciousness that if the bottles, boxes and envelops which had contained all the medicines I had prescribed for the patient, had been preserved, so that they could be subjected to an inspection of what they had contained I could hurl back the tide of indignation. Fortunately they were all produced and it was agreed by the family, and they were correct, that these had contained all the medicines the boy had taken which had been prescribed by me. I then selected two gentlemen of acknowledged integrity and one of the physicians whose opinions had been expressed, and had them go with me to the house of the patient. The father and mother handed out all the articles which had contained the medicines I had prescribed,—all were numbered and the name of the druggist on each article. We then repaired to the drug stores where the medicines had been put up, and after an examination it was found that not a particle of mercury in any shape had been administered, or rather prescribed by me. In order to place myself right before the public a certificate of the facts was signed by the persons who made the investigation and published in the city papers.

Suppose I had put up the medicines myself, of what avail would my oath or affirmation have been, to rid me of the odium?

If we have not competent druggists, let such men as the writer of the article referred to employ a portion of their time in educating public sentiment to the necessity of a law on the subject; and until such time let us all refuse to patronize incompetent druggists, or any who will give a physician a per cent. for his prescriptions. I always do it, and tell my patrons I will not be responsible for anything put up at such places.

The practice of medicine, and the compounding of medicines are different occupations in life, as much so as an architect and a house carpenter or brick mason. The latter occupations do not prevent the former knowing all about their business, no more than it prevents a physician knowing all about medicines.

It is too expensive for a practitioner to keep in his office all the medicines and appliances he prescribes. Many articles which are indispensable to him would remain on his shelves until they deteriorated by age, and these too of that class of remedies which no man would feel safe, in the performance of his duties, unless they were within his reach.

W. M. Chambers, M. D.

Charleston, Ill., Nov. 23d, 1869.

Uterine Hydatids.

Eds. Med. and Surg. Reporter:

Mrs. ——, æt. 26, the mother of four children, in the enjoyment of good health usually. About three months ago her monthly periods ceased when she also noticed a tumor forming in the abdomen, as she supposed the beginning of pregnancy; she was, at times, troubled with nausea and general weakness. This continued to increase in severity, her pulse was rapid, tongue dry, and as she thought was

threatened with abortion; she discharged a white substance, that did not coagulate; she afterwards discharged blood which clotted; she then had pains, simulating labor pains, which did not continue long until she discharged considerable quantity of vesicles varying from the size of a mustard seed to that of a grape filled with a pellucid fluid, these clustered together, making a mass the size of hen egg. The patient was given fluid ext. ergot, causing the expulsion of the remaining vesicles, in all amounting to a mass the size of the head of an infant.

The tumor has entirely disappeared, the patient recovering gradually.

L. H. Laidley, M. D.

Carmichaels, Pa., Dec. 6th, 1869.

News and Miscellany.

Humboldt.

Robert von Schlagintweit has published some interesting personal reminiscences of Humboldt. So far as the philosopher's habits of life may be supposed to throw any light upon his remarkable health and longevity, the details are curious. It appears that, although he slept but little, he remained in bed as long as most persons. He was accustomed to regular hours of study and a certain unbroken routine of life. He had no taste for mere recreation in early life, and it is not known that he ever danced, or played a game of cards. During his travels he occasionally smoked, but rather for the purpose of keeping off malaria or mosquitos, than from any pleasure in the habit. During the last sixteen years of his life he never walked out, yet his health was not affected, either by sedentary habits or the close atmosphere in which he lived. His voice was clear and his eye bright to the last, and his death came naturally from the exhaustion of the physical functions.

Army and Navy News.

Naval Orders.

Detached—Surgeon P. S. Wales from the Portsmouth, and ordered home; Surgeon D. R. Bannan, from the naval station, Mound City, Illinois, and ordered to the Naval Hospital, Pensacola. Surgeon A. S. Oberly has been ordered to the Portsmouth.

OBITUARIES.

Thomas Clarkson Moffatt, M. D.

Dr. Thomas Clarkson Moffatt died, at his late residence on Staten Island, December 26th. Dr. Moffatt entered the Seamen's Retreat Hospital in 1851, and was its Physician-in-Chief for more than fifteen years He was also for many years Vice President of the Richmond County Medical Society, and Visiting Surgeon of the Smith Infirmary. He was also Village and School Trustee, Elder of the First Presbyterian Church, Director of the Young Men's Christian Association, Edgewater, and held many other positions of honor and trust.

Dr. Moffatt was much loved by thousands of sailors who were under his charge at different times, and his death will be deeply regretted, not only by them, but by a large circle of personal friends.

Dr. Moffatt was a subscriber to this journal for a great many years.

Benjamin F. Heywood, M. D.

Dr. Benjamin F. Heywood, one of the oldest citizens of Worcester, died recently, aged seventy-five years. He graduated at Dartmouth College in 1812, and at the medical school in Yale College in 1815. He has held various city offices, and was a director in the Worcester Bank since 1831. He was also a counselor and censor of the Massachusetts Medical Society, and in 1859 became a member of the society of the Cincinnati.

MARRIED.

Allen—Colton.—On Dec. 29, 1869, by the Rev. Dr. Humphreys, Dr. Harrison Allen and Julia A., youngest daughter of S. W. Colton, all of this city.

Dorand—Preston.—December 26th, by Rev. G. Oram, Dr. William R. Dorand, of Shamburg, Pa., and Miss Margaretta M. Preston, of this city.

Hill—Long.—Dec. 9th, by Rev. J. S. Marquis, assisted by Rev. J. W. Kesler, Dr. S. E. Hill, of Dunningsville, Pa., and Miss Sadie E., daughter of Thos. H. Long, Esq., of Independence, Pa.

Springer—Richardson.—In the First Baptist Church, Lawrence, Mass., Dec. 23, by Rev. J. B. G. Ridge, assisted by Rev. H. A, Cook, of Boston, Dr. W. O. G. Springer, of South Yarmouth, and Miss Addie Richardson of Lawrence.

DIED.

Griffin.—In New York, Dec. 29, Charlotte Harrison, wife of Dr. Thos. B. Griffin, aged 45 years, 10 months and 11 days.

Porter.—Dr. Ebenezer Porter, a prominent citizen of East Poultney, Vermont, fell from his carriage a few days since and died almost instantly. His age was 65 years.

Rudenstein.—On the 9th of December, at the United States Hospital, Pensacola, Florida, Surgeon John Rudenstein, U. S. Navy, aged 45 years.

White.—In Brooklyn, Dec. 25, Bartow F. White, M. D., in the 69th year of his age.

METEOROLOGY.

DEC.	20,	21,	22,	23,	24,	25,	26.
Wind.....	S. W.	N.E.	S. W.	N. W.	W.	N, E.	N. E.
Weather.	Clear	Cl'dy Snow	Cl'dy Rain	Clear	Clear	Cl'dy	Cl'dy Rain
Depth Rain			9-10				1 4-10
Thermom. ..							
Minimum..	22°	14°	33°	17°	16°	18°	31°
At 8, A M.	35	29	46	36	28	31	48
At 12, M...	37	31	53	35	37	38	49
At 3, P. M.	37	31	52	37	39	39	48
Mean.....	32.75	26.25	46.	31.25	30.	31.50	44.
Barometer..							
At 12, M...	30.3	30.4	30.	30.3	30.4	30.4	30.2

Germantown, Pa. B. J. Leedom.

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Original Department.

Lectures.

A LECTURE ON DIABETES MELLITUS.

By A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

(concluded, from page 3.)

IV. MEDICAL MANAGEMENT OF DIABETES.

In studying the clinical and therapeutical history of this disease, you will find that patients have been benefited by the most opposite modes of treatment. Thus we hear of a man in one of the London Hospitals, who, contrary to what usually happens in diabetes, becoming much worse under the use of a diet consisting entirely of meat, eggs, and carefully prepared diabetic bread, speedily improved by being placed upon a generous diet, mixed, with the addition of eight ounces of sugar candy and four ounces of molasses daily. Dr. Budd, who reports this case, says: "That a diabetic man should not only recover his health by eating sugar, but that his diabetic symptoms should also very nearly vanish under the same treatment, is a fact that stands in startling antagonism to all present views, as well as to all prior experience on the subject."

Dr. Budd has, from time to time, published cases similar to the above, which were treated in a like manner with the same success. Other practitioners have tried the sugar treatment, but, as a general thing, it has proved injurious, and should be instituted with the greatest caution. When other established modes of treatment have failed, I should not hesitate to give it a fair trial.

Headland, in his philosophical work on the "Action of Medicine in the System," maintains that, for the medical cure of diabetes, the chief thing to be accomplished is to convert glucose into lactic acid. He says that it is clear that if the process of changing glucose into lactic acid were stopped short with the formation of glucose, the excretion of sugar from the kidneys would immediately cease. Now, it has been found, that out of the body, rennet converts sugar into lactic acid, and building upon this fact, some practitioners have extolled this article as a remedy for diabetes, but like all other, it has but little influence in mitigating the disease, and I am not aware of a single case that has been permanently benefited by it. For the same reason, Headland has recommended new milk; he advises, at the same time, milk just turned sour, because, he imagines that it has a tendency to facilitate the conversion of diabetic sugar into lactic acid, acting in a catalytic manner. He states that this article has been used in several cases with success.

Yeast has also been proposed with a view of converting diabetic sugar into lactic acid. Headland says that it has two important objections: It tends to transform the sugar into alcohol instead of lactic acid, and it operates only in the stomach, whereas, it is in the blood that we desire the catalytic action of the ferment. Dr. George B. Wood, on the contrary, recommends yeast very highly as a therapeutic agent in diabetes. He says, "Another indication is to endeavor to cause the chemical change to continue, which converts the sugar into lactic acid and carbonic acid gas. Rennet has been used for this purpose. Several years ago, I was struck with the idea that yeast might accomplish the same thing. I gave it in some cases, and found a favorable change. I claim no merit for the application, it is not a specific, but a remedy." I have found yeast useful in several cases of this malady when administered in connection with other therapeutical agents, especially with belladonna, opium, quinia, strychnia, iron, and napleworth.

Dr. Geo. J. Zeigler, of Philadelphia, a

gentleman distinguished for his success in treating chronic diseases, recommends the Nitrous Oxide gas as a remedial agent of singular efficacy in this obstinate disorder. After speaking of its therapeutical effects in certain cachexiæ, he says, "As a curative agent in diabetes of a mild form, nitrous oxide is especially active, for I have repeatedly seen saccharine conditions of the urine rapidly disappear under its use, but of its remedial efficacy in extreme cases of this affection, I am unable to speak from any practical experience, never having had the opportunity of testing such an abnormity. Nevertheless, from the cure, as well as prevention of all forms of that peculiar malady, excepting perhaps, the traumatic variety so long as it is thus dependent upon the state of transmutation, I am confident nitrous oxide will, *cæteris paribus*, prove a specific."

Dr. JOHN DAY records in the *London Lancet*, Jan. 11, 1868, a case of diabetes which had resisted all ordinary treatment for three years, which rapidly improved under the influence of the etherial solution of the per-oxide of hydrogen, given in half drachm doses mixed in an ounce of distilled water, three times a day.

Fardisation of the vagus nerve has been found useful in some cases of this disorder. It should be frequently repeated. Strychnia, iron, and cold douches are employed as adjuncts to the treatment.

Some of our best practitioners recommend counter-irritants to the back of the neck, and large doses of bicarbonate of soda, repeated as often as possible, with a mixed diet, and great caution as regard to drinks, as the most successful treatment for diabetes. NIEMEYER, in his "Text Book of the Practice of Medicine," says, "At present, however, the alkaline carbonates are the only medicines whose beneficial action upon diabetes can be claimed with certainty. In GRIESINGER'S clinic, the exhibition of doses of bicarbonate of soda effected a distinct, although slight, improvement in the disease."

But you will generally find that this disorder is not materially mitigated by special therapeutical agency. More can be accomplished by improving the patient's general condition, restraining the waste of the tissues, maintaining the vital powers, and reducing the amount of urine. To accomplish the latter object, there are no medical agents so valuable as opium, belladonna, and carbonate of ammonia; they will speedily lessen the amount of sugar, and reduce the quantity of urine in cases that are susceptible of the least improvement. Indeed, caution is necessary in their administration, that they do not check it too suddenly, and expose the patient to all the dangers of uræmic poisoning. I am in the habit of prescribing a pill composed of one grain of opium and half a grain of ext. belladonna on retiring at night, and ten grains of the carbonate of ammonia three times a day after each meal, in a wineglassful of cold water. Opium also restrains the waste of the tissues. Cod liver oil, quinia, iron, and strychnia, when properly administered, maintain the vital forces, improve the strength, and indirectly contribute to reduce the quantity of urine.

The next important question in the management of the diabetic patient is his diet. This, I am satisfied, should always be generous. The restricted diet so much insisted upon by some practitioners, is anything but beneficial. In all wasting disorders I am opposed to the starvation mode of treatment. In diabetes, if you would keep your patient from speedy dissolution, feed him well. A mixed diet is best. He should have bread and feculent food, but not in large quantities. Dr. PROUT, who made diseases of the urinary organs a special study, and had more experience in treating this malady than any of his contemporaries, was in the habit of prohibiting his patients from using every kind of saccharine matter in which the principle was in the crystallizable form. This rule, therefore, excluded at once all fruits, whether subacid or sweet; as every compound, natural or artificial, into which sugar enters. Every infringement of this rule retards the cure or endangers the return of the worst symptoms of the disorder.

The late Dr. BIRD, in his excellent work on "Urinary Deposits," says that the chief therapeutical indication in diabetes is the regulation of the diet. In most instances, he is of the opinion that it is sufficient to cure the disease. The following is his diet-table for diabetic patients:

"BREAKFAST—Rasher of bacon, or chop, or eggs, with bran bread or a slice of white bread, cut rather less than a quarter of an inch thick, and toasted so as to be brown throughout, no white unchanged bread being left in the middle. Coffee, tea, or cocoa, with milk for drink.

"DINNER—At 1:30 P. M.—Fresh meat, poultry, or fish of any kind; all vegetables freely, excepting potatoes, carrots, parsnips, celery, beet-root, and artichokes. *Omelettes aux fines herbes* for puddings, or custard made without flour or sugar, bran bread and cheese, with lettuce and water cresses.

"TEA—Like breakfast, omitting the meat.

"SUPPER—At 9 o'clock P. M.—Bran bread and butter, a basin of rice and milk, without sugar, or a sandwich of meat and toasted bread."

This diet-table is amply sufficient to supply the wants of most patients suffering with this disorder. In some cases it will have to be very much modified. In this country we are not in the habit of taking our food so often, nor crowding our stomachs with so much aliment as our English neighbors. Three meals a day are sufficient, and when the stomach is feeble, great care should be taken in selecting such articles of food as are of easy digestion and certain materials that are easily converted into blood.

In relation to drinks, much might be said. Pure water is unquestionably the best, and is eagerly sought after by most patients. Some practitioners object to allowing the individual to drink as much as his thirst craves, but I have never discovered an injurious consequence resulting from it. For the relief of thirst sound porter is recommended as a drink by Dr. PROUT. Alum whey, carbonate of lime, magnesia water, and hard cider have all been extolled for the same purpose. Indeed, I remember reading of a grave case of diabetes being cured by cider alone.

We have already observed that in this disease the bowels are usually costive and the skin harsh and dry. For the relief of the first, an enema of warm water is better than aperients, as it does not derange the digestive organs or add to the general debility of the patient. Where an aperient is demanded, we should select the mildest. The citrate of magnesia is probably the best. It should be taken at night just before retiring to rest. The second may be greatly mitigated by the occasional use of the tepid bath and friction, while the clothing should be of the warmest kind. Some physicians have thought it good practice to produce profuse sweating, as it has a tendency to lessen the amount of sugar in the urine; but I see no special advantage in this, for where it is not eliminated through the kidneys, it will be found in the cutaneous excretion in larger amount, if the sweating is at all abundant. If we would treat this disease successfully, we must guard against all extremes. The patient must be instructed to keep regular hours, abstain from all passional excesses, sleep in a well ventilated room, and take such physical exercise as the nature of his case demands.

If, therefore, under judicious medical and hygienic treatment the sugar disappears from the urine and the patient gains in weight, the disease is probably in the first stage, or is of a mild character, and the individual may be restored to permanent health. If, on the contrary, it does not disappear under treatment, but is increased in quantity, and the amount of urine passed is very large, attended with progressing emaciation and loss of strength, the malady will inevitably prove fatal. If, in connection with sugar, albumen be present in the urine, it is commonly evidence of organic disease of the kidneys, and is an unfavorable symptom and renders the prognosis very gloomy. Again, if, after twelve or fourteen hours of total abstinence from food, the specific gravity of the diabetic patient's urine remains unchanged, the malady is unquestionably of a grave form, showing that the sugar is formed at the expense of the tissues of the body.

"It should be remembered," says Dr. HASSALL, "that no great change at first is in general observed in the specific gravity of the urine passed, but merely in the quantity, the gravity remaining the same. It is only as an approach is made toward recovery that the specific gravity falls, so that, if we would judge correctly of the progress of the case, we must observe, not merely the weight of the urine voided, but the quantity. This is an important practical fact, and, unless attended to, we shall often be led from observing the specific gravity to remain so stationary to come to the erroneous conclusion that the case is not being benefited by the treatment. It should also be remembered that on a meat diet the urea, and consequently the specific gravity of the urine, is greatly increased."

LIGATION OF THE FUNIS.

Examination of an essay published by Dr. A. F. A. King.

BY DR. HORACE SMOOT,
Of Madison Court House, Virginia.

We have read an essay written by Dr. King, of Washington city, D. C., setting forth the theory that the ligation of the funis is in all,

or in the large majority of cases, unnecessary; in many positively injurious; and in not a few actually fatal to life. We propose to notice some of his remarks in this article. The theory of the non-necessity of tying the cord is not a new one. As the Doctor, himself, says, it is mentioned in Beck's Jurisprudence, vol. 1, p. 544, 11th ed., "That the necessity of tying the cord was first disputed by J. FANTONI, Professor of Anatomy at Turin, who suggested that this precaution was useless, and that the neglect of it was unattended with any danger to the life of the child." Thus far Professor FANTONI agrees with Dr. KING, but he does not say that it is injurious to ligate. The same opinion has been advanced by other ancient authors, but in spite of them all, the practice of ligation has continued. We find the practice again attacked by Dr. KING, who has managed the subject very adroitly and ingeniously, but he has not convinced us that the practice is a bad one. Ours is a profession of experiments. All of the great truths which it contains have been proved to be such by actual experiment. And unless a theory can bear the test of experiment it should not be received as true.

Has not the practice of tying the cord been proved to be good by thousands of experiments? Undoubtedly it has. Has the practice of leaving it without a ligature been proved by a sufficient number of experiments, to be as good; or as Dr. K. will have it, better? Certainly not. Therefore we are unwilling to admit it to be as good practice until it is so proved by the great and unerring test. We will admit that a few cases have done well without the ligature. So have cases of pneumonia done well without the aid of medicine; but that does not prove that medicine is useless in the disease. He begins by saying, "its design (meaning his paper) is to prove: 1st, That ligation of the umbilical cord at child-birth is in all, or at least in the very great majority of cases, unnecessary. 2d, That in many cases it is injurious. And 3d, That certainly in some, and probably in not a few, it is actually fatal to life." At the closing of his essay, he has the following: "In reviewing what has now been said, and to sum up the whole matter, the conclusions at which we feel justified in arriving are these: 1st, That ligation of the umbilical cord in the human infant is unnecessary. This, for the following reasons: (*a.*) Because the operation is not required at the birth of any other animal. (*b.*) Because the imagined necessity for it, (viz: to prevent hemorrhage), does not exist, as distinctly appears from a knowledge of the formation of the cord, and of the structure of its component vessels; as well as from the numerous recorded cases, in which no ligature was applied, and yet no fatal bleeding followed. (*c.*) Because to ligate for cleanliness' sake is superfluous. (*d.*) Because it is unreasonable to attach to the process of reproduction in woman, so glaring an imperfection, as that the birth of a single child cannot be safely completed without a strand of thread upon the umbilical cord.

2*d.*—That ligation of the umbilical cord at child-birth is in many cases injurious. This for the following reasons: (*a.*) because, as shown in the text, it may justly be considered as the cause of *secondary hemorrhage* from the umbilicus; (*b.*) because by preventing that flow of blood which should naturally take place from the umbilical vein, and thus giving rise to congestion of the liver, it produces *infantile jaundice*, and probably also schlerema; (*c.*) because by interfering with desiccation of the cord, and thus preventing its separation, it gives rise to *ulceration of the navel*, and, as a not unfrequent occurrence, *erysipelas*, *fungoid* excrescence, &c.; (*d.*) because by maintaining the funial vessels in a state of congestion and distention from unnaturally retained blood, it causes the *inflammation* of those vessels and also hinders their normal obliteration, thus laying the foundation for *umbilical phlebitis*, *erysipelas*, jaundice, pyemia, &c.; (*e.*) because by preventing a normal escape of blood when the cord is divided, and thus causing hepatic hyperæmia and congestion of the portal circulation, it may lay the foundation for that innumerable list of fatal infantile affections which so often appear to originate in congestion of the portal blood vessels.

3d. That certainly in *some*, and probably in *not a few*, the operation of ligating the funis has been directly fatal. This, for the following reasons: *a*, Because numerous cases of death, in which the fatal result was ascribed to ligation, have been recorded by the highest obstetrical authorities. *b.* Because it can be seen how the operation in the case of still-born children, maintains the right ventrical in a state of distention, (otherwise relieved by bleeding from the hypogastric arteries,) and thus effectually prevents the renewal of the

heart's action when it has stopped; or renders the stoppage complete when it is about to cease. *c.* Because, in many instances, the removal of the ligature has saved the life of the infant, *when all other remedies had failed.*"

In regard to his first proposition, we think he admits, that in some cases it is necessary to ligate. Mark his language: "That ligation of the umbilical cord at child-birth is in all, *or at least in the very great majority of cases*, unnecessary." What would he have us to do in those cases in which it is not unnecessary? We presume he would allow the ligature. How long must we wait until we are satisfied that the hemorrhage has gone far enough? We suppose when the child has become pale, with a weak, fluttering pulse, etc., the time with him has arrived for some remedy, and we know of none that would succeed so well as the tying of the cord. If the ligature be necessary at this stage of exhaustion, would it not have been better to have applied it earlier, and prevented altogether that train of symptoms which accompany excessive hemorrhage? Why allow a child to bleed to death's door when it can be prevented by as easy and simple an operation as tying a string around the cord? Supposing only one case in a hundred might be followed by bleeding, we think, we would not be justifiable in permitting that case to occur when we have at our command a certain preventive. We have a remedy from which, we are free to confess, we have never seen, in a single instance, any bad results. And, we think, if bad results were at all likely to follow the ligation of the funis, considering the countless cases in which it has been used, from time immemorial, we certainly would have had more accounts of them than we have. We say time "immemorial," for we do not remember ever to have seen any account of the first instance of the tying of the cord, though Dr. KING has been able to trace back to the time when the necessity of it was first disputed. It has been in existence so long that the "memory of man runneth not to the contrary." Which, in our opinion, is pretty good evidence of its safety and utility. If there were evils attending it as numerous as Dr. K. thinks, we are satisfied that the accoucheur, before this, would have had so frequent examples of injury inflicted upon the child by the operation, that he would long ago have laid it aside. But it seems that nothing has occurred from the innumerable cases of tying the funis, that has led the practitioner of midwifery to consider it bad practice. We allude to the very great majority of pracittioners, for a few have dissented; among whom we find Dr. K. enlisted. Tying the cord is practiced in all parts of the civilized globe where children are born. We are unable to say what is the practice among savages, or the uncivilized; but are inclined to believe that they tie it also, for reasons that we will give presently. Neither can we tell whether the umbilical cord that was attached to the belly of Cain was tied or not.

Dr. KING says: "As to the necessity of the operation, we may remark, first, that ligation of the umbilical cord in the human infant is unnecessary, because it is a proceeding not required at the birth of any other animal." We suppose he means by that, that instinct in animals is always correct and directs them to what is best, and to what is in perfect accordance with the requirements of nature. In that we agree with him. Each animal is provided with an instinct peculiar to itself, which is designed for its own preservation and protection. An arrangement in nature most beautiful and wise. Man is neither pig nor puppy; consequently he has not their instincts, but is blest and enabled by a higher faculty, which we call reason. Higher, because it is capable of protecting him under a greater variety of circumstances, because it has a greater latitude in varying his ends and purposes, and because it teaches him that he stands at the head of creation on earth.

Reason may be the effect of instinct in man; for if he does not reason by instinct we cannot tell by what power he is made to reason. Therefore, presuming that he reasons by instinct, it is but fair to conclude that he is in possession of faculties that will direct him as safely to the means of his own preservation as may be implanted in the lower animals. Now since man is as much a creature of nature as any other animal let us reason from his own nature and not endeavor to bring him under the laws that have been designed for animals of an unlike nature. It would be very unwise, if we could do so, to compel a pig to live under the laws that were designed for the government and preservation of a puppy; for nature has formed them different, and so they must remain. We see the conformation of the body of every animal admirably adapted to serve the necessary purposes of the intended habits of the animal. We see the carnivorous animals possessing teeth and claws suitable for catching and tearing in

pieces their prey in order to reduce it to food. Their teeth are adapted also to tearing in twain the umbilical cord. And from the very fact that their conformation is such that they cannot divide the cord by a complete incision as a man can. Their young have at the first moments of their birth the power of locomotion, which they immediately put into exercise in order to get food, which assists in tearing and breaking the cord that fastens them to their parent. This power of locomotion is not given to the new-born babe, but there it lies after its birth as helpless as an egg that has been laid by a fowl. Does not this state of helplessness teach us that assistance from some foreign source is necessary for its preservation? For the mother in her exhaustion is certainly not able to care for her offspring and if left unassisted the child would frequently be strangled by coils of the cord around its neck, or be drowned perhaps in the blood of its parent. But according to Dr. K's argument, as we understand it, she is like any other animal in labor, and endowed with all the means that the lower animals have for taking care of herself and offspring in the critical hour of her travail. If such were true she would not be woman.

The labor of a woman is as natural an operation as it is in any of the lower animals, but it is accomplished according to her peculiar nature; and she is governed by laws peculiar to herself, and not by laws that regulate and control animals of a different nature. It is entirely natural for her to call for help; all the help she can get; whilst other animals, during the time of their parturition, will seek some secret place where they may not be disturbed. Therefore, to run the analogy between woman, in regard to the process of labor, and the lower animals, we think would not be a legitimate way of reasoning; because the natures of the two, being unlike, the treatment in their respective cases must be different. What would be more unnatural, even in the savage, than for the mother to bend her body and bring her teeth in contact with the cord of her new-born babe, for the purpose of separating it? Yet this is the habit of some animals. What is the first impulse of the mother of a child immediately after its birth? It is to have it separated, from its attachment to the placenta, in order that she may see it and take it in her arms, which are so admirably adapted to that purpose, and perhaps kiss the sweet little thing.

When we go about dividing the cord, what is the most natural way for us to do it? We think the first idea that would arise in the mind concerning the manner of doing it, would be to divide it with some cutting instrument; and if we then saw the blood spirting forth, what would be more natural than for us to tie a ligature around it? We think that Dr. K., whilst he advises to follow nature, and points out the process as we see it in the lower animals, as a copy for woman, is really placing her in a position, and under circumstances, very different to what her nature requires. We think he has mistaken the nature of woman in her hour of travail, because he has gone to the lower animals for his material to make out his case. Let us look at woman herself to find out what may be necessary for her. We think that each genus in the animal creation has within itself all the elements necessary to point out what may be required to preserve it according to the designs of nature. Each genus must be its own interpreter of the phenomena peculiar to itself. We do not object to drawing from nature, for she is the great store-house of knowledge and truth. But let us watch her pointings and interpret them correctly. Because arsenic will not kill a dog, let us not suppose that it will not kill a human being. Because the hog wallows in the mire, let us not think that that is the natural state of man. But let us endeavor to arrive at what may be natural for each genus within itself. And when we have reached that point, we have arrived at a great truth that will direct and govern us in the management of each genus, whether bird, insect, creeping thing, or woman in labor, as well as the offspring. Since we find that woman in her confinement requires attentions that are not necessary for the parent in the lower animals, it is but fair to presume that her offspring also requires attentions that are unnecessary for the young of the brutes. And also, what may be necessary for woman and her new-born child in civilized life, may be unnecessary for them in the savage state. Nature adapts the young of the savage to the circumstances under which they are placed, and so does she adapt the offspring of the civilized woman to the circumstances surrounding it. It is more tender; cannot bear the exposure to cold, etc., which the child of a savage can; cannot bear the loss of so much blood from the funis, consequently she teaches us to tie a string around the cord, to save all its blood, to husband all its strength,

to wrap it up in flannel, etc. All this may not be necessary with the savage. Even if it could be proved that the ligature of the cord was not practiced by the savage, we think that that would not prove it to be unnecessary in civilized life. We have remarked before that the cutting of the cord with some sharp instrument was the most natural way for it to be done by man; and it has also been stated that the conformation of all animals is such as to best enable them to perform those acts which their reason or instinct may point out as necessary for their comfort and preservation, not only for themselves, but for their offspring.

Now let us look at the conformation of man. Let us examine his hand. He is the only animal on the face of the earth that possesses such a member; so admirably adapted to the performance of such a variety of purposes. Just a glance at it will tell us that it was designed for using instruments. Almost everything that man does is by the use of an instrument; whilst the lower animals cannot use them. If an animal cracks a nut he does it with his teeth, man does the same act with an instrument. That is one of the distinguishing features between man and the lower animals. Therefore, we think, it follows that what may be necessary for an animal to do with his teeth and paws, if the same or a similar act had to be done by man, he would as instinctively use an instrument. So that, to divide the cord with a cutting instrument is in perfect accordance with his nature, as well as nature's design. And to do it in any other way would be unnatural. And as it is apt to bleed more when divided in that manner, he at once sees how he can remedy it by applying the ligature, which an animal could not do, hence the necessity of their dividing it in their own way by gnawing it in two, in some instances, and by its being broken in others, by the dropping of the young from such animals as bear their offspring in the standing posture.

We have endeavored to show that it is not a correct way of reasoning, by making parallel cases of animals of unlike habits and natures. But for the sake of argument, let us suppose it to be a legitimate way of reasoning, and see what it proves. We will take the case reported by Dr. Wm. Hunter, as given by Dr. K., in which it is said, "Dr. Hunter watched the parturition of a bitch, and thus records the result:" "The pains coming on, the membranes were protruded; in a pain or two more, the puppy followed. You can imagine with what eagerness the mother lapped up the water, and then taking hold of the membranes with her teeth, drew out the secundines. These she devoured also, licking the little puppy as dry as she could. As soon as she had done, I took it up, and saw the navel string much bruised and lacerated. However, a second labor coming on, I watched more narrowly, and as soon as the little creature was come into the world, I cut the navel string, and the arteries immediately spouted out profusely. Fearing the poor creature would die, I held it to its mother, who, drawing it (the cord) several times through her mouth, bruised and lacerated it, after which it bled no more. This, I make no doubt, is the practice of other animals."

As seen, Dr. HUNTER states, after he had cut the cord it bled profusely, but as soon as the mother bruised and lacerated it the blood ceased. We would like to know if any danger was likely to occur by stopping the hemorrhage by a ligature, if the same would not happen after it had been stopped in the manner in which it was done by the bitch. Her method stopped it as suddenly and as effectually as a ligature would have done. Therefore, whatever injuries, if any, might be incidental to the one method would also be incidental to the other, in regard to the simple stopping of the blood; but we think the danger of phlebitis would be greater after the cord had been torn and bruised than it would have been had a ligature been neatly applied to the cord. He says: "But again we may observe that the operation of ligation is superfluous, because the imagined necessity for it, viz: to prevent hemorrhage *does not exist*; that no such fear (viz: of hemorrhage) need be apprehended, will distinctly appear from a knowledge of the formation of the cord itself, and of the histological structure of its component vessels." Now it does not matter what may be the nature or formation of the cord; if it can be shown that dangerous hemorrhage has occurred it is presumable that it may occur again. We agree with him, if there were no danger hemorrhage then the tying of the cord might be superfluous, but if there is danger then the ligature is not only not superfluous but absolutely necessary, and it would be unsafe to neglect it.

He has mentioned eighteen cases taken from Dr. TAYLOR'S work on "Medical Juris-

prudence" as having occurred in the practice of different authors, in which the ligature was not applied, and in most of them there was no hemorrhage, and in none was the bleeding fatal or even dangerous. We admit that the cases are as reported; but does that show that they would have turned out worse if the ligature had been used? Certainly not. In our humble judgment, it shows that the ligature is at least a safe practice; which we will discuss when we come to notice his second proposition.

(To be continued.)

IODOFORM.

By Stiles Kennedy, M. D.

Of Newark, Delaware.

Some three years ago, through the columns of the Reporter—I think in February, 1866—I called the attention of the profession to the great value of Iodoform as a remedy in constitutional and nervous diseases. My observations at that time had been limited to a few desperate cases, where all other remedies had failed and this one had proved abundantly successful.

My object was to place the remedy before the profession, and let it stand the crucial test of experience. I have not been deceived, it has passed the ordeal, and is held in high esteem by all those who have given it a trial. From many letters received from professional gentlemen, and from numerous articles published in the various medical journals of the country, I am glad to observe that it has gained the confidence of the profession, and in calling their attention to the remedy again, I do so for the purpose of getting them to push their investigations in the direction of *nervous diseases*, both organic and functional, and I propose to cite some cases treated by myself and others which may be of service to them.

In the summer of 1868, Dr. I. V. Knotts, a talented young physician of Templeville, Md., was called to see a patient suffering with periodic gastric neuralgia, of several months' standing, in a man not thirty years of age, of antecedent good health and vigor. The pains in his stomach recurred on each afternoon, and lasted well during the remainder of the twenty-four hours. The pains were as severe as neuralgic pains generally are, and the patient a greater sufferer than usual owing to the locality of the disease, he was "drawn up," pale and emaciated by several months' suffering. Living in a neighborhood where, in a circle of ten miles, there are as many doctors, it is needless to say he received treatment of the kind usually practiced; quinine, iron, morphia, arsenic, blisters, mercury and so on. But none of these remedies, nor all of them, produced but the slightest temporary impression. At my suggestion, Dr. Knotts, who had used Iodoform in several other diseases, tried it in this case. Two grains, with as much iron per hydrogen, in pill, three times a day. In one week the patient was well; there was no sign, appearance or indication of pain, a condition he had not been free from for many months. The medicine was continued for two weeks, and the patient has had no return of the disease to this day.

In the month of January, 1869, a carpenter by trade, 45 years of age, came to me. He was suffering with an intense pain in his scalp, running from the eyebrows over to the occiput. The pain would come and go every few hours, lasting several hours each time, so that he lost about half his time when at work. Very frequently the pain would be so constant that he could not attempt to work for several days at a time. He had been in this condition for more than a year and was constantly growing worse. At the same time he had been treated by several skillful physicians of my personal acquaintance for rheumatism, neuralgia, and syphilis. I am positive in saying that this patient had received all of the so-called improved plans of treatment. At my suggestion he had visited two physicians at some distance from his home, after I had made him stagger for a week under heroic doses of s. quin., s. morph., ferri. and ac. arsen. I was anxious to make a test case of this; therefore I took the trouble to know that he had been treated and all had failed to give relief, and he came to me in January, as I have described. I wrote the following prescription for him:

For W. C. Reed.

℞ Iodoform,
Pulv. ferri aa. gr. c.
Veratriæ, gr.j M.
Ft. massa et. div. in pil, No. L.
S.—One three times a day, before meals.

Repeated failures had produced distrust and despondency, and when he learned that compounding the prescription would cost him about four dollars, he felt as if he did not want to waste any more money, especially as he was a poor mechanic, and had a family to support off of about half time. I encouraged

him as much as possible, and finally I told him that if he would take the medicine faithfully for two months and then was not sufficiently relieved to work on full time, that I would pay for his medicines. This was decidedly unprofessional, but I did not want to lose so good a chance to test the remedy, and I wanted to inspire confidence in the patient. The medicine was prepared and he began to take it the next day; and since the 29th day of January, twelve days after commencing the remedy, and nearly a year ago, he has not lost one hour's time on account of pain, or his previous ailment. He quit taking his medicine long before the two months were out, against my remonstrances. The pain has recurred twice since then, in a very modified form, and quickly disappeared by his taking the pills two or three days.

I believe these two cases were diseases of the nerve tissue, the former on a rheumatic taint, the latter on a syphilitic taint, and I have met them in scrofulous habits, but all have yielded alike to Iodoform. In two or three cases I have combined veratria as in the one above, but it is of questionable advantage.

Dr. A. L. Hamilton, of Kenton, Tenn., in the Reporter of 18th December, sent me by some friend, reports a case as remarkable as those given above. It can be stated in a few words. A woman forty years old, married eighteen years, of good health, appetite and appearance, was attacked with an acute pain extending along the left sciatic nerve to the toes. The case was treated for two months by a clever gentleman of the *Eclectic* faith; the patient confined to bed and in nowise relieved by the treatment. Dr. H. was then called and treated the case in bed for two months more, with the bromides, iodides, arsenic, strychnia, belladonna, hyoscyamus, iron, quinia, opium, valerian, aletris far., counter-irritations, hypodermic injections. Finally he had exhausted his *armamentarium medicum*, his skill, his patient and her husband, "without the slightest amelioration of the symptoms." "About this time" he writes, "I read an article in the Reporter from the pen of Dr. Stiles Kennedy, who stated that he had treated a similar case with "*Iodoform et ferri*" successfully. I immediately ordered the pills, and commenced giving them, *two ter die*.

Now mark the result of the new treatment, it is really wonderful, yet my whole experience with this drug will testify to its truthfulness, (the italics are mine.) He says: "*In seven days the pain was gone, and she resumed her household duties; cooking, washing, etc., after four months' confinement to bed.*"

In about two years the disease threatened to return; a few of the same pills relieved her, and she is still in good health.

I hope Dr. Hamilton will furnish the profession with his experience with this medicine in other cases; especially in hysterical, rheumatic and cutaneous diseases.

IN FEVER AND AGUE.

I have met with two cases of this disease where Iodoform acted most satisfactorily.

One case was in a girl 12 years of age who had had chills for nearly a year, and had tried all the usual remedies. She was very thin, pale and dispirited; I gave her six grains of Iodoform on chill day, in ten grain doses, every two hours, the last dose to be taken one hour before chill time. After the second day she missed her chill. The disease returned in about a month; the medicine was resumed, and she has had none for more than a year. If the medicine had been continued when it was first given I do not suppose she would have had a relapse.

The other case was that of a young lady who, from idiosyncrasy, could not take sulph. quinia. The same prescription was given as above, and the patient had no chill after the first dose was taken.

On the strength of these two cases I recommended the medicine to a professional friend who had been suffering for some time with intermittent fever, recurring often. He used the "Iodoform et Ferri" pills and was cured. He remarked to me afterwards that it was the most delightful remedy he had ever used. He also called my attention to the fact that Iodoform was one of the ingredients of "Condie's Chill Pills," so popular in some parts of the country as a nostrum.

AS A LOCAL APPLICATION.

In those fearful syphilitic pains of the tibia which occasionally seem to defy all treatment, I have seen most excellent results follow the incorporation of 30 grains Iodoform into some of the ordinary plasters and ointments for syphilitic periostitis, etc.; in fact an ointment of 30 to 60 grains Iodoform to an ounce of lard, is one of the most delightful remedies, so far as the relief is concerned, to painful burns, sores, chancres, boils, &c., that can be found, and the disease heals with great rapidity. In two cases of chancre the dry powder was applied with magical results.

Some French surgeons have recommended Iodoform as a local application in painful cancerous growths. I have no experience just here, but I have no hesitation in saying that, judging from close observation of its effects in other diseases, I should certainly give it a trial, both locally and internally. I should be positive of relieving that terrible pain, gnawing, tearing, shooting, too often finding relief only in death. One objection to its external local use is the disagreeable odor arising from it, so that I never use it until remedies less offensive have been tried. As the medicine is volatile, it should be given in pills, either coated with sugar or foil. I have generally used the pill "*Iodoform et ferri*," made by Warner & Co., and have usually found them good. The coating prevents the escape of the odor.

Hospital Reports.

CINCINNATI ACADEMY OF MEDICINE.

December 13th, 1869.

Traumatic Aphagia.

CONTRIBUTED BY C. S. MUSCROFT, M. D., FROM SECTION ON SURGERY.

Reported by Dr. J. W. Hadlock.

On the 2d of June I was requested by Dr. C. D Fisburn, to visit William Lambert, who, the day previous, had been struck on the side of the head with a slung shot, the blow being sufficient to fell him to the ground. He became very violent in his actions, but was unable to speak. When we first saw him, forty hours after he had received the injury, he complained, by signs, of pain in the head, and pointed to a small wound of irregular shape, covering a diameter of about half an inch situated one inch anterior to, and on a line with the parietal protuberance of the left side. When asked to walk he had a staggering gait, and indicated that he felt pain in the right arm, (probably, however, the sensation was numbness) which he moved with difficulty. His sight was as good as usual, although there was slight dilatation of the right pupil.

The tongue, on protrusion, was drawn to the right side with notable paralysis of that side of the face. In endeavoring to answer questions he made an inarticulate sound to all inquiries, and upon being requested to count, made great efforts to do so, but there was little or no difference in the voice sound of the names of numbers which he wished to pronounce. There was confusion of intellect, but no coma, sterterous breathing, or retention of the urine. After a free incision through the scalp, about two inches long, extending from the parietal protuberance forward, a depression of bone corresponding in situation to the injury of the scalp could be felt, large enough to admit the palmer surface of the index finger. There was at this time, undoubtedly, hemiplegia of the entire right side, but more marked in the upper extremity and face.

When asked to grasp my hand with his right hand, he could contract the fingers but slightly, producing little or no pressure. Antiphlogistic remedies were now prescribed.

On the 4th inst., I saw him again and thought him somewhat improved; still his pronunciation was no better.

On the 5th I visited him again and made tests of his memory and powers of expression in the following manner:

I would address words to him and ask him to pronounce them, but he could not do so; although he seemed to understand their meaning, he gave the same utterance to all. I then wrote distinct words upon a slate and asked him to read them; for instance the Christian name of his mother, this he read, and with his finger pointed to her; then the name of one of his sisters (two being present), and he would first point to one, then to the other, but it was evident he could not apply the name to the proper person. He was next tried with the word Cincinnati, which from his motions he seemed to understand, but when Mulberry street (on which he lived) was written, he could make nothing at all of it.

I thought perhaps this might depend upon his defective education, so I then tried him with the same words distinctly pointed in Roman letters, but he could make nothing out of them. The paralysis of the lower extremity had diminished perceptibly, whilst the power to contract the fingers of the right hand was considerably increased

I saw him on the sixth, when similar tests of his memory to apply to written words resulted about as before stated, and his power of pronunciation not improved, giving both words and numbers like sounds.

About the 10th I visited him again, and found all his symptoms improved; he being able to read and readily understand the same words I had tried him with previously, as well as others. There was also decided improvement in the contractile power of the fingers. About the 15th I visited him again with Dr. C. G. Comegeys, and found him much improved, there still being palsy of the right side to some extent

He could now pronounce a few words indistinctly and repeat names of things immediately after they were pronounced to him, but when asked to give the names of things he would merely utter some unintelligible noise. He was requested to call his own name, which he could not do, so as to

be understood, until after it was first pronounced for him. He could, however, understand simple written words very well.

We then tried him with all the letters of the alphabet, and the following was the result of his efforts:

He pronounced A, o; B, c; C, a; D, d; E, e; F, ough; G, e; H, ough; I, e; J, je; K, kayeh; L, l; M, m; N, yen; O, o; P, twee; Q, twoo; R, je; S, augh; T, t; W, twoo; V, g; W, twoo; H, eight; Y, two; Z, zes. Upon again asking him to pronounce his name (William Lambert), he called Zim Yer.

(Dr. CONEGEYS visited the patient a few days previous to this examination and gives his observations of the case in writing, which are very interesting of themselves, but so nearly similar to the above that we think it unnecessary to insert them here.—*Rep.*)

The interest in this case is the similar effects upon the brain from an external injury, as that frequently met with from idiopathic disease of that organ, producing that very interesting and peculiar condition known as aphagia. The aphagia, in this case, probably being the result, simply of concussion of that portion of the brain to which pathologists have referred the seat of the disease—the convolutions of the left anterior cerebral lobe.

Dr. FISHBURN saw this patient a few weeks ago when he seemed to be in perfect general health, although there was still slight paralysis of the right side of face and tongue.

PROCEEDINGS OF THE NEW YORK JOURNAL ASSOCIATION.

December 17, 1869.

Treatment of Lumbar and Psoas Abscess.

Dr. TAYLOR read a paper before the Association showing that in Lumbar and Psoas abscesses cures were obtained:

1st. By supporting the spine.

2d. By freely opening the depots of pus. He stated that in no single case has he ever seen bad results follow this practice, and always great relief. The doctor cited many cases from Dispensary and private practice to prove his propositions.

Prof. A. C. POST, said that for years it has been his habit in chronic abscesses, to open them and evacuate their contents by free incisions. If the access of air tends to give rise to unpleasant symptoms, he injected them with disinfectant solutions. He found that in many cases either plain water or soap and water was all that was needed.

Prof. SAYRE, completely coincided with and employed the treatment referred to by Dr. TAYLOR. The main point is the vertebræ. In one case, after letting out a large abscess in the lumbar region, he passed down and removed the carious portions of the bones. In his experience, the use of peruvian balsam, poured into the abscess, has been of great service.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Nævus.

In the *British Medical Journal*, Mr. T. P. TEALE gives the following article:

CUTANEOUS NÆVUS.—In 1863, I removed by enucleation a large nævus, overlaying and perhaps involving the parotid gland, in a child aged four months (*vide Medico-Chirurgical-Transactions*, vol. 1.) A portion of the skin covering the tumour was involved in the disease. In reflecting the skin covering the tumour, I preserved as part of the flap the nævoid skin, with the firm belief that in course of time this diseased skin would regain its natural appearance. The result justified my anticipation. One-third of the nævoid skin sloughed, but the remainder became united to the surface of the wound by cicatrix, and, at the end of three months, had the appearance of cutaneous nævus, being of the size of a shilling. At the end of a year, *all appearance of the nævus had faded away.*

A similar result has been obtained by Mr. FURNEAUX JORDAN, who has devised an operation for nævus of the face and orbit, which he has mentioned in the *Lancet* (1866, vol. ii, p. 618). "Where the skin is not greatly implicated, I made an incision through it, and completely through the nævus, dividing it into two halves; then each half of the tumor is cut out piecemeal by curved scissors. *The partially implicated skin will in time become natural.*"

In treating cutaneous nævus of the face and eyelid, Messrs. CURLING, STARTIN, BRODHURST, and others, have used subcutaneous ligature, which, whilst preserving the diseased skin, has induced its recovery by the production of internal cicatrix and the destruction of the subcutaneous part of the disease.

The principle involved in these changes is explained and applied as follows in my paper on enucleation of nævus. "When a portion of skin covering a nævus is involved in the disease, it is not necessary to sacrifice such diseased skin, as it may be dissected off the surface of the tumor, and, being retained as a cover to the wound, will regain gradu-

ally its normal appearance. The vessels of the nævoid skin are mainly fed from the nævus itself, but, after removal of the nævus, the diseased skin becomes united to the deep surface of the wound by new material, *i. e.*, by internal cicatrix. There being in all cicatricial structures a tendency to contract, the new vessels which pass through the cicatrix become gradually more narrowed and choked off, until at last the diseased skin, being mainly dependent for nutrition on its lateral continuity with healthy skin, is brought back to its normal state and appearance. This change does not occur immediately after the operation, but goes on gradually, in the course of months, simultaneously with the process of contraction of the cicatrix."

SUBCUTANEOUS NÆVUS.—Believing in the various methods of destroying nævus by subcutaneous ligature, setons, nitrate of silver, probes, etc., the great factor of cure is the internal cicatrix, which, by its contraction, cuts off in all directions that free and excessive intercommunication of blood-vessels on which the special character and growth of nævus depends, and induces a retrograde nutrition; *i. e.*, atrophy, I determined to put this notion to the test in the following case.

Enoch Lee, aged two years, was brought to the Leeds Infirmary on account of a nævus in the skin over the left shoulder-blade. At birth, of the size of a shilling, the nævus had grown, chiefly subcutaneously, until it had attained the size of a five-shilling piece, and stood out from the surface as a prominent tumor. A portion of the surface, of the size of a two-shilling piece, was red, being involved in the disease. The nævus could be felt as a well-defined flat tumor, with distinct margin, extending under the skin beyond the area of diseased skin.

March 1867. Having introduced the wire of the *ecraseur* at the margin of the tumor, I passed the chain round the edge of the whole tumor, and then split it into two, like a muffin. Henceforth, the two halves must reunite by cicatrix, and their freedom of vascular intercommunication must be progressively more and more reduced by the ever contracting cicatrix.—May 22d. All suppuration resulting from the operation had ceased.—October 1869. Since the cessation of suppuration, the tumor has gradually decreased, and is now perfectly level with the surrounding skin. With the hand, unaided by the eye, its situation can hardly be detected; all distinction from surrounding tissue has ceased, there being no trace whatever of the defined margin of the subcutaneous portion. The discolored skin is not materially altered.

This operation was specially devised and carried out in order to put to the test the views which I held as to the effect of cicatrix in producing atrophy, and which I clearly explained to my class before performing the operation. The result has amply justified both my anticipations and the practice based upon them. The only traces of operation to be found are two small white scars where the wire of the *ecraseur* was passed through the skin.

Reviews and Book Notices.

NOTES ON BOOKS.

WE have received, with the request "please notice," a copy of an address delivered before the National Medical Society of Washington, D. C., December 23, 1869, by Dr. DARBY, an adivertisng doctor, who was very properly refused membership to that Society. We cheerfully notice his effusion It is a piece of vulgar blackguardism, the offence of writing and printing which is alone sufficient to prove him not only unfit to belong to a medical society, but any society composed of gentlemen.

A literary physician of eminence recently passed away in London at the good old age of ninety-one years. This was Dr. PETER MARK ROGET. He was born in 1778. He seems to have received no University training; at all events, he obtained his diploma as Doctor of Medicine in 1798, when he was not quite twenty years old. This diploma was granted by the Edinburgh University. He returned to London to walk the hospitals, and as soon as the Peace of Amiens had opened the continent to Englishmen, he went to Paris and to Geneva to improve himself in his profession. He made Manchester his home on his return, but after a few years removed to London. He was elected one of the Secretaries of the Medical and Chirurgical Society of London, in 1811, and in 1829 and '30 was elected its President. In 1814 he was elected a Fellow of the Royal Society. In 1820 he was made physician to the Spanish embassy. In November, 1827, he was elected Senior Secretary of the Royal Society, instead of Sir John Herschel, who retired. Dr. ROGET'S fame is due to his "Bridgewater Treatise on Animal and Vegetable Physiology," which he wrote in 1833, and to his "Thesaurus of English Words and Phrases," which has gone through nineteen editions, and whose twentieth edition he was correcting for the press when he fell asleep, after a few days' illness, at West Malvern, on Sept. 12th.

Observations on the Effects of Electric Currents upon the Living Tissues and upon Nutrition. By Drs. Legros and Onimus. Translated by J. Solis Cohen, M. D. Philadelphia: Published at the office of the MEDICAL AND SURGICAL REPORTER. 1870. pp. 100. Cloth. Price 50 cts.

This series of observations is perhaps the most valuable, in a practical point of view, of any ever published on electro-therapeutics. The authors are extremely skillful experimentalists, and explain the facts which lie at the basis of the application of electricity to the cure of disease in a simple, clear and scientific manner. The translation has been carefully made by Dr. J. SOLIS COHEN, who is well known as a thorough student of this branch of medicine, and a practiced writer. Those of our readers who have in their possession a battery will learn more hints from this little work how to use it intelligently, than they can from most of the bulky octavos on the subject.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 15, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!

AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

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5. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

A QUESTION IN MEDICAL ETHNOLOGY.

It is generally supposed that the Jewish race is on the whole longer lived than its neighbors of Aryan descent. Not long since M. Legoyt read a long paper on the subject, before the Statistical Society of Paris. He considers that beyond doubt this general supposition is correct, and offers the following explanations:

1. The Jews marry earlier than the Christians, and thus derive at an earlier age the advantages which statistics show are incident to the married state. Still, hasty and rash marriages, which are alike hurtful to the health of parents and children, are rare. 2. The fecundity being less, they can pay much more attention to the preservation of their children. 3. By reason of the small number of illegitimate children they have, they escape the exceptional mortality which sweeps away such children. 4. The Jew does not pursue any calling which demands very hard labor. He is neither an agriculturist, a laborer, a mechanic, sailor, nor miner. Before all things, he is the shopkeeper, merchant, banker, artist, *savant*, man of letters, or public functionary. 5. The Mosaic law contains ordinances which, being purely hygienic, must exercise a favorable influence on the health—*e. g.*, the verification of the condition of slaughtered animals, the frequency of ablution, the practice of circumcision, and the separation of the husband until a week after menstruation, etc. 6. The strength of the family feeling among the Jews. It is only when it is absolutely impossible, and without distinction of rank, that a Jewish woman does not suckle her child.

A pamphlet has lately been written on the physical characteristics of the race by JOHN BEDDOE, B. A., M. D., President of the Anthropological Society, etc. A good deal of this pamphlet is occupied with the question as to whether the existence of light hair and eyes among the Jews is compatible with purity of race. It seems unquestionable that xanthous Jews exist into whom there has been no recent importation of Gentile blood; and the fact that these red-haired Jews are found in countries widely separated precludes the idea that any special local cause, such as climate, has wrought the change. Dr. Beddoe suggests three possible sources of early admixture, which he thinks may explain the xanthous element observed among living Jews. The Jews may have intermixed with inhabitants of Spain long before the Babylonian

captivity, or with the Phœnicians; or, lastly, the known amalgamation of the Idumæans with the Jews may be the source whence the red hair, which probably characterised that people, has been derived. 7. The sobriety of the Jews is incontestable. 8. Throughout the entire Jewish community, a warm feeling of charity for the indigent and miserable prevails. 9. The religious Jew is remarkable for his great serenity of mind, and his deep-seated faith in Providence. 10. The morality of the Jews, as deduced from criminal statistics, seems to be real, and is only an indication of those regular habits of life which exercise so great an influence on the duration of life.

It would seem, however, from some statements made at the last meeting of the British Association that this claim to longevity is being forfeited, and from a curious cause. At that meeting Sir DUNCAN GIBB read a paper entitled "An Obstacle to European Longevity beyond Seventy Years." He had previously shown that, in an examination of 5,000 healthy persons of all ages and both sexes, the epiglottis was pendent and not vertical in 11 per cent. On analysing his statistics, and taking his general experience, he had found that in no instance has the cartilage been pendent over 70 years; and he has examined a considerable number from 70 to 95 years, in all of whom it was vertical, even in one case of a person aged 102. He, therefore, concluded that pendency of the epiglottis is an obstacle to longevity beyond 70, and death ensues from some cause or other at or before that age. He mentioned several aged statesmen and others whose epiglottis was vertical, like Palmerston, Lyndhurst, Brougham, and Campbell.

A second paper by Sir DUNCAN GIBB following the other, was on "A Cause of Diminished Longevity among the Jews." This he showed to be the persistent use of *olive oil* for culinary purposes, giving to them an appearance which he characterised as the *sanguineo-oleaginous expression*, typically exemplified in the furniture auction rooms of London. Usually with this was a pendent epiglottis. Longevity was rare amongst such persons; they become constitutionally old, seldom or never actually reach old age, and die from some of the fatal congestive diseases.

Let us have a crusade against olive oil as the next act in the drama of "reform."

THE AMERICAN SYSTEM OF LIFE INSURANCE.

It is very evident that our life insurance companies reap enormous profits from some source. Apparently, life insurance stock has been about the best paying stock on the market for years past. Yet we are warned by the recent collapse of two or three of the oldest, and, as was supposed, best established and safest, English life insurance companies, that with all this outward appearance of prosperity, there may be something wrong which will ultimately jeopardize the interests of those who furnish this enormous capital—the insured. Perhaps the English system of life insurance is wrong, and it may be that what is called the "American System" is nearer right, is safer. We must confess that it looks so to us.

The subject is discussed so ably in a recent number of that interesting paper the *Yale College Courant*, that we transfer its article to our pages, and beg to call the attention of our readers to it. The *Courant* says:

Leaving out of the question the advantages arising from intelligence and economy in the management of money, and the disadvantages growing out of the absence of those qualities, the intrinsic value of a dollar is greater to some persons than to others. Let us see.

The longer a person lives in the world, the more will he need money, and therefore the greater the value of the dollar to him. The following table is illustrative, and shows the wonderful increase of a dollar at interest through different periods of years:

$1.00	kept at	7	per	ct. comp. int.	10	yrs. will amt. to	$1.97
"	"	"	"	20	"	"	3.87
"	"	"	"	30	"	"	7.61
"	"	"	"	40	"	"	14.97
"	"	"	"	50	"	"	29.46
"	"	"	"	60	"	"	57.94
"	"	"	"	70	"	"	114.00
"	"	"	"	80	"	"	224.23
"	"	"	"	90	"	"	441.09
"	"	"	"	100	"	"	867.73
"	"	"	"	110	"	"	1,706.79

It is thus made plain that of two living persons, each possessing a dollar, that held by the one who is to live the longer is of the greatest value.

But can it be known which will live the longer? No, not positively as between *two* individuals, but it is not difficult to decide as to which has the best chances of living. Let us examine the facts.

Vital statistics of established accuracy reveal the fact that all persons from birth, sick and well, average to live in the world about forty years, and from the same statistics we learn the average prospects of life from any other given age. For example, all humanity, sick and well, who have lived twenty-five years will average to live about thirty-six years more.

Now this includes many sick and dying who can-

not possibly live that long; it may be, not even for a year, some who can live just about that number of years, and others who can live very much longer. If then we exclude from the average those who are now sick, the average length of life of those who remain will be much greater. And if from those who are now in health we exclude all those whose lives are endangered by vicious habits, hazardous or unhealthy vocations and residences, the average of the "best lives" remaining will show a much greater average of life than the general average, which as has been shown includes all.

Physiological science develops the fact that with very rare exceptions, man will not live beyond the average of his ancestors. A stream does not rise higher than its fountain. If then we take a step further and exclude all whose ancestry have been short-lived, the average length of life of those who remain will be still greater, and the value of a dollar to such persons will be the greatest.

In this manner any person can estimate for himself, his own *rational* expectation of life, or of those upon whom his happiness or success depends; an estimate which will be of use, not only in giving the knowledge of the relative value of money for the purposes of his own life, and the best way of managing it, but in the selection of partners, or wives, and in the conduct of all the affairs of life. Such an appreciation of one's own chances of living is an invaluable guide in the purchase of Life Insurance, especially to those who belong to a long-cived, healthy race, for if their chances of life are measured by the ordinary or European system of a "general average," they will be much *under* rated, and the prices will therefore be much higher than is either necessary or just, and it is plain, that what they thus overpay will be used by the Company in making up the deficiences of those whose chances of life have been *over*-estimated in the "general average."

For example, a person who insures his life for $5000 when twenty-five years of age on the general average basis, which gives him an expectation of 36 years of life, would, if he lived to eighty years of age, or 19 years longer than the "general average," have paid to the Company in premiums and interest more than $19,000.

It is plain that if 1000 men are insured at 25 years of age who will *average* to reach 80 years of age, they should receive over $19,000 each, or in the aggregate $19,000,000, this *could* be given to them if they were separated from the short lives, and relieved from sharing their numerous losses. As it is they receive only the $5000 each. These insurance overpayments are absorbed by the naturally short-lived unjustly *averaged* with the long-lived. It would appear, then, as if entire justice could be rendered all classes only by reducing the premiums of the superior, and increasing those of the inferior, and a separate classing together of those whose chances of living are about equal.

These ideas form the basis of the classification of the New American System of Life Insurance, which has been put into successful operation by the American Popular Insurance Company which was organized in 1866, in New York city. The officers have written an interesting work entitled "Longevity" which discusses in original style the whole question of the family inheritance of longevity and its personal and visible indications.

Practically the plan is a great success, and the correctness of the classification is eminently satisfactory. The examination of applications, containing more than twelve thousand family records, has confirmed the soundness of its principles; and the fact that the best class, or long-lived, numbering over *three thousand* policies, has sustained but *four* losses in the three years of the Company's existence, is a triumphant vindication of the plan adopted as the basis of classification; while in the third class (sound, but short lives, and who would have been accepted in any other company) the losses have been, as was expected, more than fourfold greater.

Each class pays its own losses and shares its own surplus of premiums. The losses in the first class have been *four* of three thousand dollars each—in all twelve thousand dollars only—while the experience of other companies would have given twenty-one, amounting at three thousand each, to sixty-three thousand dollars. Here, by classification, in the first three years of its business, the company saves *fifty-one thousand* dollars. In ten years, at seven per cent. compound interest, this amounts to *one hundred thousand*, and, in ten years more, to *one hundred and ninety-seven thousand*; that is, the Company, on its *first three years' business only* will have, in twenty-three years from the date of the first policy issued, a surplus of *one hundred and ninety-seven thousand dollars* over an ordinary company doing the same amount of business in the same time. The superiority of this system for the policy-holders needs no further illustration.

Notes and Comments.

"Which is the Best?"

Our opinion is asked by several correspondents as to the relative merits of the *American Journal of Obstetrics*, and the *Journal of the Gynæcological Society*. They are both excellent works, creditable to American medical literature. The first is devoted particularly to obstetrics and the diseases of children, while the latter treats especially of the diseases incident to women.

Dr. Naphey's "Modern Therapeutics."

This valuable work is now nearly ready, and we shall be prepared to fill orders for it this month. It is a stereotyped phrase to say that "every physician should buy this book," and there are very few works of which it can be said with propriety: this, however, is one of the few. It is on *Therapeutics* and *treatment* what Dr. DACOSTA'S work is on *Diagnosis*. The recipes are drawn only from recent and trustworthy sources. The best *living* authorities are alone quoted, in which respect it contrasts widely and most favorably with the antiquated recipes in the "Formularies" now in the market. The prescriptions are not of scarce and novel articles, but of standard and well-tried drugs. When drawn from foreign sources they are reduced to the preparations and expressions of the *U. S. Pharmacopœia*. Complete epitomes of the hypodermic and inhalation methods down to the latest acquisitions of science are given. The nosological arrangement is maintained; not only are specific details given for the administration of the medicines, but also hints how to make medicines palatable, and when they are indicated. The *therapeutical index* gives the volume the convenience in this respect of a regular formulary.

Insanity in Men and Women.

We have not had the pleasure of seeing the annual report of Dr. CHOATE, of the State Lunatic Hospital at Taunton, Mass., but he is reported as saying in it, "that the excess of insane women over insane men is becoming more and more marked. He does not attribute it to any greater liability to the disease among women, but to the fact that more insane men die. More women sink into hopeless insanity. Men are made insane by physical causes, while women succumb to subtle moral influences, not easily reached by hospital treatment; not threatening to life, but intractable and not very well understood by the profession."

We believe that the records of institutions for the insane, when taken in the aggregate, will show that there is more insanity in men than in women; that the insanity of men is generally of shorter duration —more of them die, or are cured—than that of women, whose insanity is more apt to settle down into melancholia and imbecility. Thus, while men *pass through* institutions for the insane, either to the grave, or back into society again, women *accumulate* in them, and records, if not carefully studied, tend to give the impression that there is more insanity in the female than in the male sex, while, in reality, the contrary is the fact.

A Philanthropic Physician Gone.

A true philanthropist has lately died in Richmond, Virginia. This was Dr. LAWRENCE ROANE WARING, a good Samaritan of the medical profession, the aggregate of whose fees during the twenty years of his practice exceeded half a million of dollars, yet the entire value of whose personal property at the time of his death, exclusive of uncollected medical fees, did not exceed $600, a sum not equalling the amount of his fees as a physician for the four or five days which preceded his last illness. The explanation is that he gave to the poor vast sums, having devoted almost his whole career as a physician to their relief, dying with no other personal property than his simple office furniture, his library, and the horses which he rode in the prosecution of his benevolent mission.

To his last resting-place in the beautiful Hollywood Cemetery, this man, without wife or children, was followed, in an almost interminable procession, by his vast family the poor, and by multitudes of others who appreciated his self-denying and most unpretending goodness.

We hold up Dr. WARING as an example of a man who seems to have followed humbly in the path of Him who "WENT ABOUT *doing good*." We invoke others to imitate that example as they can.

The Sewing Machine Trouble.

A correspondent in Ohio writes to us throwing doubts on the bad effects of the "oscillating motion" of the sewing machine. He says: "I remember well when my sister spun on a small wheel all the flax for the wear and beds of a large family. This required daily work for weeks; and I used to know women who made it a business of going from farm to farm and doing the flax spinning for a number of families, and yet no one ever heard of this constant spinning inducing disease. Now, the motion required to run a spinning-wheel is precisely the same as that required to run a sewing machine. The probability is, that it is not the *kind* of work done, but the *amount*, that causes the trouble."

Who is at Fault?

A correspondent in Ohio cuts from the *Cincinnati Commercial* an account of an operation for the transfusion of blood, performed by Dr. MORTON, at the Pennsylvania Hospital, in this city, October 18, 1869, and published editorially in the *Public Ledger* of this city, November 9th. Our correspondent inquires whether this is the way Philadelphia physicians are accustomed to interpret the "Code of Ethics." As we are not acquainted with the facts, we can only say that if this was done with the connivance or knowledge of Dr. MORTON, Philadelphia physicians or any others will pronounce it an irregularity deserving severe criticism. But from our knowledge of Dr. MORTON, we feel justified in saying that he was *not* a party to the publication.

A Question for Gynæcologists.

We have received the following inquiry from a gentleman in Michigan, which we submit to the energetic gynæcologists of our country: "Can we by a system of dietetics during pregnancy, mitigate the pains of labor and make delivery more easy by excluding from the diet those articles of food which contain the elements for the formation of bone, leaving the osseous frame destitute, 'or nearly so,' of inorganic matter at birth, being simply cartilaginous. Will the editors and readers of the REPORTER be kind enough to answer the same, as I deem it a matter of importance in those cases where the diameters of the pelvis are less than normal?"

A new Medical Society in the District of Columbia.

A new Medical Society was recently formed in the District of Columbia. The occasion was the refusal of the old medical organization of the District to receive into membership two applicants, against whom no objection was urged on account of lack of qualifications—but simply, that they were negroes. As that objection cannot hold many years longer, it would have been wiser if the old society had admitted them.

Dr. ROBERT REYBURN was chosen president, and Dr. GRAY, secretary. A committee was appointed to draft a constitution and by-laws. In defining their status as practitioners, they had much better have omitted the term "so-called allopathic." We believe it was Dr. CHARLES J. B. WILLIAMS, of London, who introduced the term "practitioners of legitimate medicine," to represent the members of our profession in contradistinction from all classes of irregular doctors.

Lead Poison.

At the meeting of the New York Board of Health, January 5th, a report on lead poisons, which are contained in most cosmetics, was received from Dr. HARRIS. The report also stated that lead was conveyed in the water from the Croton pipes.

Dr. STONE said that he had doubts as to lead being conveyed in the Croton and Ridgewood pipes. The assertion was generally made by those who had tin-lined pipes to sell. He moved that the chemist be instructed to make an analysis of the Croton and Ridgewood waters, and also of the cosmetics, and that Dr. HARRIS' report be referred to the Sanitary Committee. Carried.

The Gynæcological Journal of Boston.

Now that the time of year is upon us when physicians collect their fees, we advise them to invest a portion of their receipts in the above-mentioned very excellent journal. It is devoted to diseases of women, surgical and medical; it is well edited and handsomely printed, and it deserves liberal patronage. We will send the REPORTER and the *Journal* for $7 50, or $3 00 can be sent directly to James Campbell, publisher, Boston, Mass.

Russian Baths.

At the same meeting of the Board of Health, Dr. HARRIS presented a report on seventeen Russian baths, of which it is stated that the proprietors, with pumps, brought in water which had been used before. One inspector, Dr. INGRAHAM, found but one bath in which the water had been repeatedly used, and that the pumps to that had been cut out and the proprietor had promised hereafter to use only clean water.

Note on a Case of Puerperal Convulsions.

A correspondent writes: In regard to Dr. HALL'S interesting case of puerperal convulsions, in the issue of December 4, 1869, you will find a counterpart in Bedford's "*Principles and Practice of Obstetrics*," page 487. His patient, primipara, eight months—had eaten preserved quinces and plumb cake instead of chestnuts. His treatment was 20 grains of sulphate of zinc, with quite a different result.

Correspondence.

DOMESTIC.

Intermarriages of Relatives.

EDS. MED. & SURG. REPORTER:

SIRS: Very much has been written of late on the subject of "Marriage in Consanguinity," but in my humble opinion little proof has been produced to show that intermarriage does not deteriorate the human species. In spite of all that can be said in its favor, the rebutting evidences seem largely to preponderate.

Your worthy correspondent from New York city, whose article appears in your journal for Dec. 18th, makes a strenuous effort to demonstrate beyond a doubt that intermarriage produces no deterioration, citing proof from the animal kingdom. The medical gentleman has had the benefit of living on a farm a portion of his life, therefore, his opinion in relation to domestic animals ought to be duly regarded; but, to establish some of the ideas he has already advanced in said article, will puzzle him considerably, provided he receives the testimony of other medical gentlemen who have had the benefit of living on a farm. Before referring to animals, etc., I beg leave to mention a few cases which have come to my knowledge within the last twenty-five or thirty years, in relation to intermarriage. I do not

wish to use names for obvious reasons, nor to occupy unnecessary space in your valuable journal.

One case where first cousins intermarried, they had some five or six children, none of whom were bright, and nearly all of them occupy premature graves. Another case, where first cousins married, had a numerous progeny. They were extremely stupid, ranking but a trifle above idiocy. One of them could not be taught the alphabet at the age of seven or eight, in fact I never learned whether he was ever able to master it. Another case, where four or five children were born to cousins, they were all of them idiotic, and could not even feed themselves when some thirteen years old,—one or two of them died quite young. I could mention a large number of cases, but will only trespass with one more, where cousins of more than ordinary intellect intermarried; I believe they had some seven children, one of whom died while young, but was very deficient in intellect; another of the same family is an object of pity to all beholders.

Now in relation to the animals, I would say a few words. My experience on a farm has taught me quite a different lesson from that of Dr. SHELDON. It has been found that horses raised from one stock are puny, less hardy, and very liable to the botts. Cattle reared in like manner were small, giving but a small amount of pale milk—apt to die in severe winters, unless more than ordinary care was taken of them. The sheep, like the cattle, grew delicate and small in each year's stock, were very liable to the rot, and to die in cold winters. Turkeys and chickens raised from one stock become puny and delicate —dying in large numbers with the gapes while young.

The same law is correct in relation to the vegetable kingdom. Wheat cannot be cultivated successfully for many years without changing the seed, because it loses its vital energy, and ceases to ripen. Agriculturists and horticulturists will no doubt tell the same story in relation to everything under their culture.

In conclusion, I ask, how can it be proven that intermarriage does *not* deteriorate, when we learn such conflicting evidence from nature in its various types?

O. C. ALEXANDER, M. D.

Albany, N. Y., Dec. 28th, 1869.

Injections into the Colon.

EDS. MED. AND SURG. REPORTER:

In a late number of the REPORTER is an article on "The Long Tube in Intestinal Obstructions."

That article was such as was needed, filling up a breach in medical literature.

But economy with the physician in expenditures for instruments, if not a virtue, is often a necessity; though in this instance it loses none of its virtue for all that.

Sometime since, having a case of obstruction of the bowels to deal with, which resisted all ordinary cathartics, and even croton oil, I was driven to an extremity.

The injection with the ordinary short nozzle of the syringe was promptly returned with scarcely a mixture of fœcal matter, and with no relief to the patient.

Having a "Davidson's Syringe" and a No. 12 catheter of the usual style, the idea suggested itself that by combining the two they might be useful in the case in hand. After oiling the catheter well, I introduced it, with but little difficulty, almost its full length into the bowel, leaving just enough of the head external to receive the anal nozzle of the syringe. I then proceeded in the ordinary manner to use the syringe, throwing about five pints of the clyster gradually into the bowel.

I was highly gratified in a few minutes, by procuring a copious evacuation from the bowel, well mixed with fœcal matter; this was soon followed by several others, and an entire relief to my patient from pain and myself from anxiety.

The same No. 12 Catheter served me well in another case of general peritonitis accompanied by a tympanitic condition of the intestines to distension.

By introducing this instrument I permitted the escape of an immense amount of excessively fetid flatus, greatly to the relief and benefit of my patient.

I only suggest this as a substitute in the absence of the long tube, and think that it will not always be a broken reed upon which to lean.

WM. MCKEAN, M. D.

Mt. Hope, Ohio, Dec. 2d, 1869.

A Practical Observation in the Use of the Hypodermic Syringe.

EDS. MED. AND SURG. REPORTER:

Every physician has found more or less difficulty in preserving a uniform solution of morphia for hypodermic use. This is especially the case if he carries it in his pocket. Owing to the deposit of the salt around the rim of vial, he is often in doubt as to the amount of morphia he is using.

My custom now is (when I find circumstances that really indicate its use) to call for a glass of water, teaspoon and lamp. Dissolve the powder in aqua q. s. in a teaspoon, aided by the heat of the lamp. Before putting the needle on to the syringe draw into the syringe the solution, then put the needle on. If the secondary effects of morphia are feared, or you wish to modify the constipating action, or more certainly to diminish the reflex irritability of the spinal cord, add 10 or 20 drops of Fleming's solution of atropia—heating all together.

℞. Atropia, 1 grain; distilled water, or ice water, 5 drachms; dissolve thoroughly, with the aid of a few drops of muriatic acid; add of rectified spirit q. s.

to make 10 drachms; 10 minims—1-60 of a grain.

I have used the hypodermic syringe more or less for the last 10 years, not indiscriminately, but with the best judgment at my command.

The above plan will undoubtedly commend itself to all practicable minds, and I shall be satisfied if I have called the attention of those who have never tried it.

F. A. WARNER, M. D.

Farmington, Illinois.

Medical College Convention.

The following notice has been sent us:

To the Trustees and Faculties of the Medical Colleges in the United States:

The undersigned committee, in accordance with the instructions of the convention of delegates from Medical Colleges held in Cincinnati, in May, 1866, respectfully and earnestly invite you to send delegates to a convention to be held in the City of Washington, on the *Friday* preceding the *First* Tuesday in May, 1870, for the purpose of considering all subjects connected with medical college education, and procuring the co-operation of the schools in carrying out a uniform system of medical instruction. It is very desirable that every regular medical college in this country should be represented in the convention.

N. S. DAVIS,
S. D. GROSS,
GEO. C. BLACKMAN,
F. DONALDSON,
Committee.

Chicago, Ills., Dec. 11th, 1869.

NEWS AND MISCELLANY.

Colored Physicians.

The following extract from the proceedings of the United States Senate, on Dec. 9th, should find a place in a medical journal:

MR. SUMNER offered a resolution directing the Committee on the District of Columbia to consider the expediency of repealing the charter of the Medical Society of the District of Columbia, and such other legislation as may be necessary to secure for medical practitioners in the District of Columbia equal rights and opportunities without distinction of color.

MR. NORTON objected to the immediate consideration of the resolution.

MR. SUMNER said if the occasion for the resolution was known there would be perhaps no objection to it. A surgeon who had been brevetted a colonel for his services in the Union cause was now a practicing physician in Washington, and he, with another colored member of the medical profession, had, upon making application to the Medical Society of the District of Columbia, been blackballed on the ground that they were colored persons. The effect of that act was to exclude them from co-operation and counsel with members of that society in Washington, and thereby inflict a penalty upon their patients. A rule of the society referred to, prohibited consultation or association by the members thereof with any resident practitioner not a member. Thus were the colored practitioners shut out from the ordinary opportunities of consulting with their professional brethren on important cases coming before them; their race was degraded by the act, and the profession which was guilty of such ostracism degraded itself. The medical profession of Washington must take notice that this outrage would not be allowed to continue without a remedy if the speaker could obtain it through the action of Congress.

MR. PATTERSON inquired whether it was possible to apply the necessary remedy through the medium of Congressional action. Would not admission to medical consultations of this society be regulated by the society notwithstanding any remedial action by Congress as proposed.

MR. SUMNER said, that by repealing the existing charter of the Society and chartering a new Society founded on Republican principles, which should receive colored people into its fraternity, the object desired might be obtained. This same battle had been fought stage by stage, and the victory had been achieved by stages; the present question was but one additional feature of the struggle for principle.

MR. PATTERSON expressed his cordial approbation of a proposition of the character of that proposed; but, at first supposed this one might not be practical, nor attain the object sought to be attained.

MR. NORTON then withdrew his objection to the resolution, inasmuch as it was simply a direction to the committee and did not commit the Senate to any action in the premises.

The resolution was agreed to.

Irish Medical Students.

It is stated that in nearly every one of the anatomical schools in Dublin the classes are larger than for many years past; the number of new entries, or first-year's students, like those in this metropolis, is especially large, and among them is a lady student, who is attending lectures, &c., at Dr. STEEVEN'S Hospital, who intends to apply for admission to the Preliminary Examination at the Royal College of Surgeons of Ireland.

Information Wanted.

We would call the attention of our readers to our "Queries and Replies" column, and ask those who can do so, to aid us in giving the information asked for. Much valuable information has been, and may still be, diffused through this column.

——A little girl named Gardener was found dead in the cradle at Newark on Sunday, supposed to have been caused from the effects of opium contained in soothing syrup.

——The Maine medical school at Bowdoin College will begin its fiftieth annual course of lectures on the 17th of February next.

QUERIES AND REPLIES.

Gleet.

EDS. REPORTER: I have at present a patient troubled with gleet, which so far has baffled all my attempts at cure, as well as the efforts of several other physicians.

If you or any of the correspondents of the REPORTER can give me any further light upon the subject, I would be most happy to receive it. I have had quite an extensive practice in private diseases and am generally successful, but this case seems to need extra treatment, and as the patient is quite anxious to be cured, I thought to write for a little advice and will make my letter as brief as possible. F. B. contracted gonorrhœa eighteen months since; was treated for it, but was left with the gleet which has continued almost uninterruptedly ever since. About four months ago he came into my hands. I have treated him by the abortive method, and a great variety of medicines, and finally by the use of oil of Turpentine internally; succeeded in arresting it for three weeks, but it has since returned from no apparent cause. The patient is a young man of 26 years of age, unmarried, and of good habits generally. Since this difficulty (and not before he claims) he has been troubled with nocturnal emissions.

Hannibal, N. Y. D. F. A.

Epilepsy.

EDS. REPORTER: I have a case of Epilepsy—a boy, aged 16—in which Bromide of Potassium has been used for six months, in doses commencing with grs. v, and increasing to grs. x, three times daily: (also enjoined strict attention to the alimentary canal) with the effect of gradually lengthening the interval between the "fits," and it is now over two months that he has been free from spasms. Prior to this treatment, he was falling every day on the streets, and sometimes two and three times a day; but his intellect instead of improving as the Epilepsy disappeared, is becoming more and more impaired. Under the circumstances, would it be advisable to continue the same treatment? Are we to attribute the weakening of the mind to the Pot. Brom.? Is not Pot. Brom. regarded as the remedy *par excellence* in Epilepsy? A. W. S.

Dr. W.: Can you inform me, through the usual channel, what is the best work on *qualitative* analysis for a (*self-instructing*) course in medical chemistry? I remember the names of quite a variety of treatises of this kind, but cannot recall their individual contents. In answering, please inform where and at what price the book can be procured.

We believe Fresenius to be the best. Costs about $2 00. Our commission agency will send it.

Dropsy.

EDS. REPORTER: A subscriber of your very excellent Journal desires advice in the following case:

A lady, aged about 45, afflicted with ascites, of renal origin, of some years standing, on whom a great variety of diuretics, tonics, alteratives, etc., have been tried in ain, and who has been tapped three times, desires when tapping is again performed to have a silver cylinder or plug introduced after the canula is withdrawn, which is to remain in permanently, in order that she can, herself, remove it from time to time, and let the fluid flow off, so as to obviate the necessity of repeated tappings. Is such a procedure practicable, and how should the case be managed. Very respectfully, L. W. R.

Carbolic Acid.

Dr. J. B.—I will trouble you to inform me, either through the REPORTER or by mail, of the comparative strength of the crystals and the (chemically pure) solution of the acid. And what preparation of the solution is the most reliable.

Dr. J. H. S., of Iowa.—The American *Journal of Obstetrics* is published by Townsend & Adams, New York city, at $4.00 a year.

Dr. J. D. Pa. -Will santonin lose its anthelmintic properties by age?

Ans.—Yes, if exposed to the light.

MARRIED.

McDONALD—BAKER.—In New York, on Jan. 5, 1870, at the residence of the bride's father, Mr. A. M. Hitchcock, by Rev. Dr. Geer, Wm. O. McDonald, M. D., and Mrs. A. W. Baker.

ROBINSON—TROUT.—At Minersville, Pa., Dec. 28, 1869, by Rev. I. W. Schenck, William H. Robinson, M. D., of Pottsville, Pa., and Miss Mollie A. Trout, of Minersville.

WHITE—SECORD.—At the residence of the bride's parents, Greenwich, Conn., Dec. 27, by the Rev. E. H. Barnes, assisted by the Rev. Wm. P. Alcott, Dr. J. C. White and Mary F., second daughter of John F. Secord, all of the above place.

DIED.

BIGLER.—In Windsor township, York county, Pa., at the residence of his father, Dec. 21, 1869, Dr D. Mitchell Bigler, aged about 26 years. Cause of death, phthisis.

GALE.—At Hamilton, Ohio, Dec. 28, Edward Alsbury, son of Dr. John Witten, and Kate E. Gale, aged 8 months.

LIPPINCOTT—On the 4th inst., at his residence in Fallsington, Bucks county, Pa., Dr. Henry Lippincott, in the 69th year of his age.

LOWBER.—In this city, on the 6th inst., Dr. Edward Lowber, in his 86th year.

LOZIER.—In New York, suddenly, on Monday, Jan. 3, Mrs. Charlotte Denman Lozier, M. D., wife of Dr. Abraham W. Lozier, in the 26th year of her age.

MINER.—In Wilkesbarre, Pa., Dec. 19, Dr. Ebenezer Boman Miner, aged 40 years. Dr. Miner was a graduate of Columbia College, in the city New York, and received his degree of M. D. at the University of Pennsylvania. He was an eminent physician, and leaves a large circle of friends to mourn his loss

METEOROLOGY.

DEC.	27,	28,	29,	30,	31,	J 1,	2.
Wind.....	N. E.	N.E.	N.W.	N.W.	N.W.	N. E.	S.W.
Weather.	Cl'dy	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Cl'dy
	Rain	Rain					Rain
Depth Rain	5-10						7-10
Thermom....							
Minimum..	35°	38°	30°	24°	23°	27°	37°
At 8, A M.	47	48	41	37	39	38	55
At 12, M...	47	51	42	47	50	42	57
At 3, P. M.	48	54	43	46	52	43	55
Mean.....	44.25	47.75	39.	38.50	42.25	37.50	51.
Barometer..							
At 12, M...	30.2	29.9	30.1	30.	30. 2	30.2	29.2

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

LIGATION OF THE FUNIS.

Continued from page 45.

Examination of an essay published by Dr. A. F. A. King.

By Dr. Horace Smoot,

Of Madison Court House, Virginia.

But he says there is no necessity for the ligature, to prevent hemorrhage, because that danger does not exist. Let us see what Dr. Churchill says about it. On page 224, in his system of Midwifery, he says: "Some foreign writers object to the ligature as unnecessary, and the case of animals has been brought forward as a proof; but Dr. Hunter has shown that this mode of dividing the funis prevents hemorrhage by "tortion" exerted upon the vessels, and most practitioners, of any standing, must have met with cases when hemorrhage occured in spite of a ligature; so that in these countries the propriety of the practice is generally admitted." The valuable papers of Mr. Ray, *Medical Gazette* for March, 1849; that of Dr. Manley, in the same Journal for May, 1850; and the essay of M. E. Dubois, in the *Arch. Gen. de Medicine* for October, 1849, furnish a very complete account of umbilical hemorrhage in the infant. If these authors are to be credited, and no one will doubt their statements, as well as the testimony of other authors that could be produced if we deemed it necessary, we cannot see how it can be possible for the ligature to be superfluous, for we know of no remedy equal to it for hemorrhage from an artery. It is more certain, neater, and more easily used for that than the method adopted by animals, of tearing or gnawing the cord in twain; a method that they are taught by instinct to adopt because their conformation is such that they can do it in no other way. In our own practice, we have met with two cases, in which the blood continued to ooze out, even after the second ligature was applied, and we make no doubt, (of course we cannot know the fact), that had the cord in these cases been left to themselves, dangerous hemorrhage would have occurred. The Dr. says: "It is universally acknowledged that wherever in a healthy organism, formation is considered, with respect to its design, we behold a perfect adaptation of means to ends,—the apparatus being exactly suited to perform its functions without defect, without redundancy." He then goes on to speak of the wonder of ovulation, fecundation, conception, &c., showing the beauty and perfection of these vital operations; and then, he says: "And finally the crowning wonder of parturition and delivery—all these, with a perfection that cannot be surpassed, illustrate how admirably the constitution of woman and the organs of her generative system, are adapted to perform without defect, that cardinal function, for which they were mutually designed—the reproduction and perpetuation of the species. Under such circumstances, and in the face of so much beauty and harmony of design, is it not, I ask, reasonable to assume that there should belong to the process of reproduction so glaring an imperfection as that the product of conception should be lost in the 'eleventh hour'—at the moment of its final separation from the mother—because (as it would seem to be believed by those who advocate the ligature) nature has committed the egregious mistake of omitting to make provision for such separation?" We are not one of those who believe that nature ever mistakes; but we do believe that mistakes are often made by men in interpreting her designs. And with all respect to Dr. K. and his opinions, we think that he is one of those in regard to the doctrine that he has advanced. Is

the product of conception lost in the "eleventh hour?" and is not ample provision always at hand when it comes into the world? What better provision could nature make for a woman during parturition than to provide her with a skillful accoucheur, ready to render every assistance necessary, and such assistance, too, as the woman, unlike every other animal, would be unable to give herself. The presence of Dr. K. would be a most excellent provision for her, especially if he could rid himself of the opinion of the non-necessity of tying the cord. He further states, "the reproductive organs are admitted to be wonderfully well adapted to perform their functions, and everything, it is confessed, is admirably suited to accomplish the grand consummation of bringing forth a new being into the world, save only (what is universally affirmed to be wanting before the birth of a single child can be satisfactorily and safely completed) *a strand of thread upon the umbilical cord.* Is this not, to say the least of it, unreasonable?" Why, certainly not. That is but the beginning of many other duties necessary for the preservation of the child. Suppose the cord should be torn in two, and then the mother and her offspring left alone; could they take care of themselves as well as an animal? Certainly not. Nature has marked out another destiny for her. The offspring is not capable of locomotion; and if the mother assumes the erect posture immediately after delivery, we do not believe there is an accoucheur in America that would say she was following the dictates of nature. (I mean in the present state of civilization; the savage may do it, because she is of a coarser and more animal-like nature, and the same provision is not made for her that is made for women in civilized life.) The exhaustion which follows labor would prevent her from so doing; and her own good sense and the experience of others when in a similar condition would teach her that if she assumes the erect posture she would be liable to flooding, fainting, prolapsus uteri, etc., etc. Therefore, since it is out of her power to provide for herself and offspring, I ask, in the name of common sense, may we not be allowed to begin with our assistance as soon as opportunity is offered? and it is offered as soon as the child comes into the world; and about the first thing we can do for it after respiration is established is, to tie a ligature around the cord and divide it in the neatest and most expeditious way that we can. Then come the ablutions, dressing, etc., all of which are absolutely necessary. Dr. K. seems to think it very remarkable that any one should believe that nature should be incompetent to complete the act of parturition through her own resources and not be dependent upon external aid; or, as he expresses it, "upon a strand of thread upon the umbilical cord."

The offspring of woman is not the only animal that is dependent upon foreign aid for its preservation immediately after it is born. We will go to the same source that Dr. K. does for material, viz.: to the lower animals—not, however, for the purpose of running the analogy between woman and the inferior animals, but merely to show that foreign aid is in perfect harmony with the requirements of nature, and to show that nature does her work in her own way, and selects her own means to secure her ends. Take the case of the female ass. It is a well known fact that when she gives birth to her young, it comes into the world enclosed in a bag composed of a tough membrane, from which it is entirely unable to extricate itself, and if left alone would perish in the bag. The female does nothing towards helping it out. But the Jack, true to his instinct, goes to it with his teeth, tears off the membrane, and the young one gets upon its feet and goes to its mother in search of food. Those who are engaged in raising that animal, always make it a point to allow the male to run with the female when they expect her to bring forth. If he be absent the offspring invariably perishes. In that case, the act of parturition is not completed till the male gives the finishing stroke. Yet it is a part of nature to direct him to his part of the performance, just as she directs the accoucheur to his duties, in the management of a case of labor. In the one case she uses the instinct of the animal to accomplish her ends; in the other she directs through reason and sympathy. We are sure every accoucheur must sympathize with his suffering patient, and is ever ready and anxious to do whatever his reason directs for the welfare and comfort of his patient.

We will now consider his second proposition, viz: "That ligation of the umbilical cord at child-birth is in many cases injurious. Believing the operation to accomplish no good, it requires but a short step further to admit that it is an evil." We will admit that the

ligature is used as a remedial agent, and must be applied with the necessary circumspection and at the proper time. This, as all other remedial agents, may be considered good or bad, according to its application. Sometimes it may be necessary to allow a small quantity of blood to be lost before it is applied, and at other times it should be used in order to prevent a single drop from flowing. We suppose no one will deny that sometimes at the birth of a child its condition is such as to require the loss of a little blood. When it is threatened with, or actually is attacked by apoplexy, from prolonged labor, the pressure of a narrow pelvis, etc., or from an interval elapsing between the birth of the head and body. In such cases the heart's action is labored, the pulsation in the cord feeble and oppressed, the surface blue, the face livid, etc. Under such circumstances, unless the circulation be relieved, the infant will die of cerebral oppression, or apoplexy; therefore the first thing to be done is to divide the cord and allow a sufficient quantity of blood to flow, to relieve the oppression, and when that is accomplished, and respiration has been established, then we should stop the blood, by the ligatures (for we know of no better way of doing it), just as we would had we opened a vein in the arm. But suppose the opposite state of things to exist, viz: anæmic syncope, or asphyxia, from uterine hemorrhage, too early detachment of the placenta, defective nutrition or any other cause. Then we should not allow one drop more of blood to escape than we can avoid. The cord should be tied immediately, and restoratives used; such as plunging the child in a warm bath, light and rapid frictions of the body and extremities, etc. The use of the ligature must be regulated by the good sense of the accoucheur. He must be governed by the same discretion in its use as he is in the use of ergot or chloroform. Nothing can be considered as a remedy unless it be used at the proper time.

But to say that the ligature is necessary under no circumstances we think is shooting beyond the mark. We might with as much propriety say no remedy whatever should be used for the child; that nature was competent to manage her own affairs. Dr. King thinks that the ligature is the cause of hemorrhage. He says: "The ligature, then, produces hemorrhage from the cord or navel, by causing to be retained in the umbilical vessels, and thereby distending them, the blood that would naturally have escaped at the time when the funis was first divided, if no ligature had been applied." As we have said before, the ligature should not be applied until the proper time for its application has arrived; which is at the cessation of pulsation. As soon as the cord ceases to pulsate, we know from that fact that blood is no longer sent from the body of the infant into the cord; that all superfluous blood, if there should be any, that might interfere with the establishment of respiration, by a congestion about the heart and lungs, has been gotten rid of and found its lodgment in the cord and placenta. The cord should be left undivided until pulsation ceases, because the tortuosity of its arteries causes a little delay in the departure of the blood from the body of the child, thus enabling nature to equalize the circulation in her own way, which is always the best. And when she has thus brought the circulation to its proper condition for the preservation of the child, the attachment of the cord is no longer of any service, and may be divided. And when divided such means should be used as will keep the circulation in the normal condition which nature has established. What are the means to be employed? We answer: Something that will prevent a further waste of blood from the child after it has thrown off all that may be necessary to establish respiration. After respiration, then commences the nutrition and growth of the child, for which all of its blood should be retained; a further loss would be detrimental. Therefore it becomes important that we see to it, that no further loss be allowed to happen, and to be sure of this, the safest and best (best because it is the safest) means of effecting that end is to tie a ligature around the cord. If the cord be left undivided until pulsation ceases, we can see no reason for the distension of its vessels; because there is no longer a flow of blood into them. Therefore we think that the ligature is not a cause of hemorrhage by producing distention of the vessels, as Dr. K. seems to think. But if a little distention should occur, we still do not think that it would be at all detrimental to the child. The cord is external to the child, and remains a lifeless and useless mass, awaiting to be thrown off by the processes of nature. All of the eliminating organs of the body are now in regular play, and all superfluities of the system are gotten rid of "per vias naturales."

To say that nature designs the umbilical should remain open as an outlet to the body,

would be contradictory to her own acts; for she does close it in the very great majority of cases, as soon as respiration is established. But Dr. K. would reply, let her close it in her own way. Interference is unnecessary. We are willing to admit that, if there be no flow of blood, that nature has accomplished what the ligature is intended to do, and when that has been effected, the child will do well as far as that is concerned. But suppose there should be some abnormal condition of the umbilical ring or arteries, so that nature may be unable to accomplish that which we know to be her design. Must we not come to her rescue? And since thousands of experiments have shown that the ligature is a safe and harmless remedy; with all due deference to Dr. K's opinion, we think it ought to be applied in anticipation of any accident that might subsequently take place. Suppose we should leave a patient after delivery with an untied cord, what evidence have we that it will not bleed in our absence, and before we may be able to reach the patient, the child may have lost an undue amount of blood.

We cannot always tell whether the parts are in a normal state, and for that reason we should always adopt that means which will insure the greatest safety. We know that hemorrhage does sometimes occur, and we would ask Dr. K. what he would do, after returning to his little patient and finding it bleeding at the cord; whether from an abnormal state of the parts or any other cause; for he admits that hemorrhage may occur upon constitutional and cachectic disorders, such as the hemorrhagic diathesis, &c. If he would then apply the ligature, we would ask if it would not have been better to have used it before hemorrhage took place? In regard to the detachment, or falling off of the cord, he makes this remark; "Having now shown in what manner ligation may be a cause of 'accidental' hemorrhage, viz: by its retaining within the umbilical vessels blood that should naturally have been permitted to escape, thereby preventing the normal process of desiccation, and invoking the abnormal one of ulceration, etc." We do not know what may be the experience of Dr. K. upon this point, but in our own, we have invariably found the cord after the use of the ligatures to dry up, wither and fall off on the fifth or sixth day generally, though some times it remains a day or two longer. And such, we think, will be found to be the experience of most practitioners, at least it is the experience of all the authors we have read upon the subject. In regard to the ulceration, which he speaks of as being so abnormal, we have never experienced any difficulty in regard to it, but have always found the umbilicus to heal up, and throw off the dried cord just as an ordinary scab is thrown off by a sore that is healing under it. We take it to be good policy, before we theorize too much upon any given point, in order to show the cause of a particular thing, first to ascertain whether the thing really exists, and if we find it to be a reality, then we may search for the causes.

The many disasters which Dr. K. attributes to the ligature of the cord, such as hemorrhage, phlebitis, ulceration, etc., in our experience, we are free to say, have never been encountered. Were they of frequent occurrence, then we might begin to suspect that the ligature might be the cause of them. But with an experience of about 275 cases, in all of which the ligature was used, we do not remember to have had any serious trouble with either the cord or umbilicus. And for that reason we are pretty well satisfied with the old plan of ligation. It is very interesting to spin theories about almost anything, but let us come to the stubborn facts. We ask all who may read this article, how often have they experienced any difficulty with either the fragment of the cord or the umbilicus? That is the way to come at the safety of any practice. It is worth all the theory that can be produced. Facts cannot be destroyed by theory. But theory to be true must conform to facts. We are satisfied all are ready to answer, we have had but little or no difficulty upon that point. Then where is the necessity of changing the practice? It certainly is very little trouble to put on the ligature even if it does no good; but in some cases we are satisfied that it is necessary. Therefore, we think it a good rule to apply it in all, in order to anticipate and keep back the evils that might result in a few. We will now leave the subject of hemorrhage and pass on to another malady which Dr. K. thinks is caused by the ligature around the funis. This is "infantile jaundice." His theory is that the blood which should have passed from the cord through the umbilical vein is prevented from so doing by the ligature, thereby causing the liver to be engorged with blood; which engorgement produces jaundice. We will admit that in some cases the disease may

be thus produced. As we have said before, when the infant at its birth presents a livid and turgid appearance, with an oppressed state of the brain from a tedious passage through a narrow pelvis, that a small quantity of blood ought to be allowed to flow from the cord before it is tied. That we should consider the condition of the child before we apply the ligature, just as we would before using any other remedial agent.

We believe true jaundice in young children to be rare. There is frequently a yellow tinge of the skin, but can that always be considered jaundice? In Dr. Watson's "Practice of Medicine," third American ed., page 852, he says: "The icterus neonatorum occurs, they say, a few days after birth, is not attended with any suffering or obvious disturbance of the bodily functions, and soon disappears. Now, there seems reason to believe that this is not icterus at all, and has no relation to the biliary organs. The surface of the infant, at its birth, is frequently of a deep red, from hyperæmia or congestion of blood, presenting a condition which falls little short of a mild but universal bruise. By degrees the redness fades, as bruises fade, through shades of yellow into the genuine flesh color. Such, I am assured by those who are more conversant with these matters than myself, is the pathology of the icterus infantum. Of course, true jaundice may, as well as most other complaints, befall the earliest periods of life; but I conceive that it seldom does." Authors tell us also that icterus neonatorum is a common occurrence, and frequently depends upon obstruction of the choledoch duct by the meconium, and a few doses of some purgative medicine soon relieves it.

There are other causes given but it is useless to mention them. Therefore, as the causes of icterus are various, we cannot see how Dr. K. is able to ascertain when it is produced, or whether it is ever certainly produced by the ligature around the cord. We are not prepared to say that it is never so caused, for, as we before said, under certain circumstances it may sometimes be so caused; but we believe that it is very rarely caused by an obstruction at the funis. And further, he says: "But to continue the argument, we find that jaundice, though occurring so very frequently in newborn children who have been subjected to ligation, is unknown in the young of other animals where the ligature is not applied." He just as well might have said that measles, pertussis and scarlet fever, generally occur in children whose umbilical cords have been ligated, and they have never been known to occur in animals in which the cord was left free. We have no doubt he is correct in saying that the young of animals, whose umbilical cords have been left free, never have the disease, neither do we believe they would ever have had it, if their cords had been tied; for we do not know that animals are liable to the disease under any circumstances. Nor can we imagine how he knows it, as he says the disease has never been known to befall them.

We now come to erysipelas, which Dr. K. says is produced by the ligature, with a host of other diseases. According to his account their name is legion. He begins with a quotation from Tanner, as follows: "Infantile erysipelas most frequently occurs about the region of the umbilicus, and may be due to some mismanagement of the remains of the funis." That may be all true; but Tanner does not say or intimate that it is owing to the fact that a ligature has been tied around the funis. Can the funis not be mismanaged in some other way than by the ligature? We can easily see how the cord when it has been pulled about, through the "nimia diligentia" of some old woman, or has been left in contact with the skin, from the neglect of interposing a piece of linen. Thus we can easily imagine how excoriations may arise and run into erysipelas. Again he says, "according to Meckel and Osiander, it (meaning erysipelas) occasionally has its origin in umbilical phlebitis." Now we cannot see how he is supported by the authors. For they have not said that the ligature was the cause of the disease. He continues with quotations: "And Dr. Condie remarks, that according to his experience a very common form of erysipelas in infants is that described by Dr. Friebe, in the journal for the diseases of children, under the name of omphalitis exsudativa. It commences about the umbilicus, is frequently accompanied with ulceration of the navel, and with deposits of lymph and pus in the partially obliterated umbilical vessels. It often proves fatal; often within the course of forty-eight hours, and without having extended more than three fingers' breadth around the navel." In this quotation has Dr. Condie mentioned any bad effects of the ligature? Certainly not.

Dr. K. continues with quotations from the same author thus: "Dr. CONDIE, from whose work on diseases of children (p. 552) these facts are gleaned, further observes, 'our observations have convinced us that in the majority of cases at least, it is dependent upon phlebitis of the umbilical veins. The evidences of inflammation of the latter were unquestionably present in almost every instance in which we made an examination.'" Now, it will be observed, that Dr. Condie says he is convinced that, in the majority of cases, it is dependent upon phlebitis of the umbilical veins. That may be all true; and we make no doubt that it is. Yet Dr. Condie has not said anything about the cause of the phlebitis, which, he says, accompanies the erysipelas. He has not even hinted that he believes the phlebitis was caused by the ligature. Another quotation: "M. Trousseau remarks that the umbilical vein is often found filled with pus as far as the transverse furrow of the liver; and it has been observed that in infants predisposed to erysipelas, the umbilical cicatrix does not form readily, and the ulceration which results is sometimes the occasional—the local cause of the cutaneous disease." Has M. Trousseau said anything in regard to the ligature being the cause of the inflammation of the vein? Certainly not. Dr. K. makes other quotations of a similar character from standard authors, but not one of them mentions the ligature. And is it not very remarkable that, if the ligature was really the cause of these diseases, that not one of these authors should have suspected it? If Dr. K.'s object was to prove by these authors that phlebitis sometimes attacked the cord, and that erysipelas occurred occasionally around the umbilicus, he has succeeded; but if he designed to prove that the ligature was the cause of these diseases, we are unable to see in what manner he has strengthened his case by the above quotations. Again he says: "Finally, and to conclude this part of the subject, we therefore feel justified in asserting our second proposition that, 'ligation of the umbilical cord is in many cases injurious; because, as we have endeavored to show, it may with all reason be considered as a cause of secondary umbilical hemorrhage, or hemorrhage from the stomach, intestines, and vagina; of erysipelas; of jaundice; of schlerema; of indigestion, constipation, and, probably, of that innumerable category of fatal infantile affections which so frequently have their origin in congestion of the portal circulation.'" Now, if all these maladies were really caused by an obstruction at the umbilicus, we think that nature must be guilty of an egregious blunder when she closes that opening of her own accord. It is she that set man the example. If what Dr. K. says upon the subject be really true, we think it would have been a great benefit to little children if nature had left a permanent opening at the umbilicus as a safety-valve to prevent all the evils above enumerated. But that she has failed to do; and as soon as respiration is established, she, in the large majority of cases, significantly closes the umbilical opening, thus quietly saying, it is no longer of any use to the infant; and when she fails to do so, it is our duty to take the cue and do for her what she is unable to accomplish, perhaps on account of some abnormal condition of the parts.

We will now consider his third and last proposition, viz: "That certainly in some, and probably in not a few, the operation of ligating the cord is actually a direct cause of death. He says: "All authors, teachers, and educated practitioners of obstetrics, agree that there are certain cases of children still-born—affected with apnœa, apoplectic asphyxia, or cyanosis—in which no remedy is to be relied upon for rescuscitation except bleeding from the umbilical cord. When everything else has failed, this has afforded prompt relief." We presume no one will deny the truth of the above quotation. In such cases as he has referred to, blood-letting by common consent is the remedy, and the umbilical cord is as good a place as any to bleed from: and as soon as a sufficient quantity has been taken to remove the cause of the symptoms, we should stop the bleeding, just as we would if we had opened a vein in the arm. We would allow it to flow as a means of relieving a pathological state of the system calling for that sort of a remedy. He says further: "It follows therefore as a natural consequence, that the instances of children "still-born," which have chanced to fall into the hands of ignorant midwives, or of ignorant, careless, or hasty practitioners of obstetrics, and which have been subjected to ligation almost at the first moment of delivery, (for there are many such), and have not been suffered to bleed subsequently, by loosening the string—in such, when death results, as it often does, I think it is not going too far to say, that they

have been literally killed by the operation of ligating the funis. And in this assertion I do not stand alone."

"We are of the opinion" says Dewees, "with Mr. White, Dr. Denman, Boudelocque, etc., that the tying of the cord *prematurely* is very often, if not always, injurious to the child." "We have reason to believe we have seen several instances of death, and this of a painful and protracted kind, from the premature application of the ligature. And that this is probably one of the causes of the many deaths, in the hands of ignorant midwives and practitioners, we have too much reason to suppose." Surely Dr. K. will not argue that because an improper use of the ligature produces an injury, or it may be death itself, that that is any reason why it should be injurious when properly applied. Is that not the case with every remedy? We say with Dr. K., when the symptoms require it, let the cord bleed. No one can object to this. And when it has bled enough to answer our purpose, stop it. These things must always be left to the judgment of the practitioner. If Dr. K. wished to prove, by the quotations just made, that an *improper application* of the cord is injurious, he has succeeded. And in proving that, he has shown what I suppose no one will deny.

He continues: "Condie remarks (p. 283), that the *premature* application of a ligature to the cord has, we believe, in many instances, given rise to asphyxia." We fully concur with Dr. Condie in this. But does not his language imply, viz: "the premature application of the ligature," that there is a period when the ligature should be applied. Here Dr. K. is at variance, not only with Dr. Condie, but with the other authors from whom he quotes; for the language of all of them implies that the ligature should be put on when a sufficient amount of blood has been lost. Dr. K. thinks that it should never be used.

He continues his article with many other quotations of a similar character, all intended by the author to show that the bleeding should be allowed, only as a means of depletion, for some pathological condition of the system of the child. None of them say that the cord should be left free when the child is born in a healthy and natural condition. He makes another quotation from Dr. Beck, (*Medical Jurisprudence*, vol, i, pp. 559-60,) as follows: "A child may die from prematurely tying the umbilical cord. We know that circulation by the cord and respiration are vicarious functions, and if the former be arrested before the latter is in operation, life must cease." What are we to understand by this? We think it is very clear, and simply means that the functions performed by the placenta and its appendage, are vicarious, to the functions performed by the lungs of the child, therefore, when the lungs perform the functions that the placenta previously had done, the placenta and cord are now superfluous; that the opening at the umbilical ring is intended merely to give passage to the bloodvessels leading to and from the placenta. And when the necessity for that passage of blood no longer exists, a new arrangement being made, the opening is then closed, and the cord with the placenta should then be removed as a useless mass. But Dr. K., as we understand him, thinks it should remain open as a waste gate for the superfluous blood of the infant. We think as soon as pulsation ceases, that the necessity for a further loss of blood from the child no longer exists, and that the infant now is in a condition to put in exercise all the functions necessary for a separate existence, and since it is in that condition, we should endeavor to keep it so, by securing the cord, and thus preventing the danger of its being disturbed by a loss of blood that is now unnecessary. Consequently, it is laid down as a rule by practical writers, that the cord should never be tied or divided until respiration has been established. Then almost all authors agree that it should be tied.

We do not deem it necessary to say anything more about the *improper* use of the ligature, although Dr. K. dwells considerably on that point. All will agree that the improper use of anything is injurious. But it does not follow, because a remedy may be used improperly, that it cannot be properly used, which is all we claim. If we chose, we could bring up various injuries sustained by the improper use of laudanum or any other drug; but that would certainly not show that laudanum was not a valuable medicine when properly applied. The point with Dr. K. seems to be this: If a ligature is prematurely placed around the cord it will produce congestion of the liver, heart and lungs, and prevent the establishment of respiration. He is, in our opinion, entirely correct in this. But we ask, where is the necessity of applying the ligature prematurely? A prudent practitioner will not do that, but will wait until the proper time has arrived for its application, when it

will be not only a safe, but a necessary precaution against hemorrhage that might afterwards happen. Any congestion or engorgement that may exist in the organism of the child at its birth can as readily be relieved through the funis before it has been divided, if the ligature be left off until pulsation has ceased, as could, if the cord were divided by Dr. K's method, and allowed to remain free, without the ligature; because, as soon as pulsation ceases, there is no flow of blood through the cord, consequently there is no reason why it should produce congestion in the liver, etc. The circulation now belongs entirely to the child, and the functions of the cord are now passed and finished; and it remains only to be thrown off as a useless mass. And how a ligature placed around a part that has no function to perform can be injurious, we confess we are unable to perceive. Dr. K. may ask: How can it be of any use? We answer only as a precaution against hemorrhage that might arise in the absence, perhaps, of the accoucheur. We have passed over many of Dr. K.'s points that we would like to have noticed, but to have noticed all of them would have extended this article to too much length, which we fear we have already done.

ABORTIO WITH PLACENTA PRÆVIA.

By E. Michener, M. D.

The occurrence of placenta prævia at any period of gestation is, happily, of rare occurrence; and when it occurs in the early months of pregnancy, may be passed unnoticed, unless attended by some special manifestation. Hence it is believed that the few notes which I have preserved of the following case may prove interesting to the readers of the Reporter:

Case.—R. L., 27th of 4th mo., 1854. Then entering the third month of her second pregnancy, observed a slight *show*, and began to feel occasional equally slight uterine pains. These symptoms slowly increased, *pari passu* for the next twelve hours, when I was called to see her.

The hemorrhage was now very considerable, with moderate pains at long intervals. The os uteri was soft, and patulous to the touch, but was too high up for more accurate determination. The skin was hot and dry; the face flushed; the pulse very much excited; with pain, and a very distressing feeling of weight in the head.

It is *apropos* here to mention, that in her previous pregnancy she had suffered a violent attack of eclampsia, previous to the accession of labor, from which she had hardly recovered. And the symptoms, now present, were very similar to those which had premonished the attack.

After the abstraction of ℥xij. of blood, with amelioration of the febrile excitement, I directed

℞. Sulph. morph., gr. i.
Acet. plumb., ℥ss. M.
Ft. pulv. vj.

One of which was to be given every two hours, sooner or later, as the symptoms might indicate, with such external appliances as the local determinations seemed to require. Recumbency and perfect rest, with a cool, abstemious regimen, was strictly enjoined.

Six hours after I was summoned to see her immediately. The vascular excitement had nearly passed off, and so of the pains; but the hemorrhage had greatly increased; the discharge was, however, in considerable part *dark* and *coagulated*. The os uteri was more open, and I could feel a soft pultaceous mass within it.

To the former prescription was now added

℞. Pulv. ergotæ, grs. v.
every half hour, with cold cloths to the pubis, etc., etc., as before.

The hemorrhage soon abated, while the pains were somewhat augmented, and soon after the ovum was expelled by the contractions of the parts concerned, without manual aid.

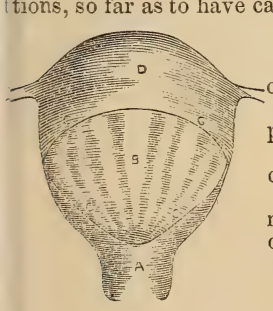
The membranes had been ruptured, allowing the escape of the waters and the fœtus; but the placenta presented the singular appearance of a *complete cast of the cavity of the cervix and the lower portion of the body of the womb*. When floated in water, its form was readily observed. The accompanying artless sketch will render the description of it more intelligible. The lower part, for about *an inch*, was entirely solid, and had completely plugged the cervix. The transverse end appeared as if the mucus plug of the os had been *torn* from it. Above the cervix the placental dish spread out and assumed a *fan shape*, extending about half round the circle at its widest part, and gradually thinned off to the margin. The membranes had been ruptured, but were still adherent to the placenta. External to the

sac, and near the fundus, there was a quantity of *dense albuminous coagula*, with very little coloring matter in it.

Remarks.—During gestation, it appears that the body of the womb begins *first* to expand, and that the enlargement of the cervix is more especially *deferred to a later period.* Hence it is probable that in the present case the detachment of the placenta commenced at its upper edge; giving rise to *intra-uterine*, or concealed hemorrhage. The history of the case goes to sustain this view. The high constitutional excitement, in its early stage, indicated some *unseen cause* of disturbance, and what more likely than the pressure of *confined* blood in the uterus? The subsequent discharge of *dark, clotted blood*, and the *fibrinous coagula*, adherent to the upper parts of the ovum, also confirm it.

If these views are correct, it will follow, as a *pathological corollary*, that in placenta previa, *i. e.*, when any portion of the placenta extends over the cervix uteri, the *higher* the margin rises within the body of the womb, the *earlier* will trouble arise from its detachment; and also the greater probability of a *concealed hemorrhage.* When the placenta is wholly located *in the cervix*, on the contrary, the detachment will be longer *delayed*, and the hemorrhage will be *open.*

In this case there appears to have been an unusual enlargement of the cervix, as shown by the *size of the plug.* May not the placental mass have operated in the manner of a *sponge tent* to produce that extra distention? If so, it may have disturbed the gestative functions, so far as to have caused the abortion.



A.—The solid cervical plug, natural size.
D.—The fan-shaped placental dish.
C.C.C.C.—The placental margin.
D.—The membranous portion of the ovum.

HOSPITAL GLEANINGS.

Reported by James B. Burnet, M. D,

CASE I.—CASE OF CHRONIC RHEUMATISM; DIABETES; TREATMENT; RELIEF.

Alexander Hammersley, æt. 37, a native of Germany, and a barber by occupation, was admitted to Bellevue Hospital on April 4th. He was then suffering with chronic rheumatism. He gave the following history: Parents died of phthisis. He was temperate in his habits. Never has had venereal disease. Fourteen years ago had fever and ague. Has had it four times since; had acute rheumatism last summer; has been much exposed to dampness at the South; after last attack of acute rheumatism, had severe pain in the lumbar region for some time; urine was scanty and high-colored; has had more or less pain in the back ever since. Three weeks ago the urine began to increase in quantity, and to become of a lighter color; has had dyspnœa on exertion for some months past; never had any cough; bowels generally regular; appetite has been great for some time; has had profuse night-sweats for three months; has palpitation of heart.

April 13th. Pulse 100; respiration normal: is very thin, weak and anæmic; has pain in back with throbbing; has slight headache; appetite and thirst very great; good digestion; urine amber-colored; large in quantity; specific gravity 1023; contains sugar; has pain in chest; no disease of heart; liver and spleen very large, especially the former; abdomen prominent.

℞. Ammoniæ muriat., ℈viij.
Aquæ camphoræ, ℥ij. M.
S. ℥j. ter. in. die.

April 18th. Urine measured for the first time; in twenty-four hours he has passed *four hundred ounces*; otherwise patient is the same.

April 20th. Patient complains of dizziness; weakness increasing; went to bed at four in the afternoon.

April 25th. Still in bed; has very severe headache and backache; did not rest well.

April 28th. Patient passed urine and fæces in bed, for the first time, this morning; has had eleven epileptic fits between two and four this A. M.; eyes rolled up; seems to be half conscious; has not eaten anything during the day; urine has been diminishing in amount; now it is of an opaque white color: epistaxis; removed to cells at 7, P. M.

April 29th. Patient improved in appearance; can put out his tongue and answer a few questions, but soon passes into a fit. Has had four fits since entering cells; urine less; tongue red.

April 30th. Patient more sensible; rises to go to stool. Says he had fits of this character, when a child. Tongue ulcerated on right side

has fits very often; very weak; pulse 98; skin hot and dry.

℞. Sodæ bicarb., ℥ij.
et div. in chart., No. xii.
S.—One morning and evening.

May 6th. Patient has not had a fit for three days; urine increasing in amount; returned to his ward; passed 150 ounces of urine in 24 hours; has lost much flesh.

May 23d. Urine gradually increasing in amount. Now passes 350 ounces in 24 hours.

℞. Vin. ferri cit., ℥ij.
Tr. cinch. co. ℥ij.

Has pain in epigastric region. Bicarbonate of soda continued.

May 25th. Patient about the ward rapidly gaining strength.

June 11th. Patient discharged much relieved.

CASE II.—CASE OF DELIRIUM TREMENS; PLEURISY; PNEUMONIA; DEATH; AUTOPSY.

John Tranor; married; laborer, and a native of Ireland, was admitted to Bellevue Hospital on May 22d. Has led a very dissolute life. He cannot remember when he was exposed to cold, and thinks he has been sick five weeks. Has never had pleurisy; does not know when he was drunk last.

Symptoms on Admission.—Patient's face is much flushed. He has anxious delirium with trembling, and a constant desire to get up. His skin is hot and dry, and his tongue is red and slightly furred. His pulse is 112, compressible and quick; respiration is 40 and short. He has considerable dyspnœa, but it is not as severe as it was on Tuesday last. Physical examination gives, on percussion, perfect flatness over posterior inferior portion of right lung. On auscultation, submucous rales on right side in subaxillary space, bronchophony and bronchial breathing over posterior inferior half of right lung, also a few crepitant rales over posterior inferior portion of left lung. Ordered oil-silk jacket, and

℞. Ammoniæ carb. ℥iij.
Aquæ, ℥ij.
Tablespoonful every two hours.

May 23d. Patient has been removed to the cells, as he cannot be restrained otherwise. He appears stupid. Ordered whiskey, three drachms, every hour; morphine at night.

May 25th. Patient appears much the same, and now passes his fæces in bed. Mucous rales heard over right back, the patient lying on his face.

May 26th. The patient died at one P. M. today.

POST MORTEM EXAMINATION ON MAY 27TH.

Lungs.—There was gray hepatization of lower half of right lung. A few yellow tubercles in the apex of this lung were found, but there were more in the apex of the left, where also was discovered a small cavity.

Pleuræ.—The right pleura was the seat of acute pleurisy, being distended as much as possible with bloody, ill-conditioned fluid, and being crossed by new bands of adhesion. Posteriorly the right pleura was bound down by old adhesions. Left pleura was healthy.

The liver was quite friable, and was in the state of fatty degeneration. Its weight was five pounds. The kidneys were small, flabby, infiltrated with fat, and contained much fat in their pelves. Capsule thin and adherent.

DEATH FROM RHEUMATISM OF THE HEART, COMPLICATED WITH PERICARDITIS AND HEPATITIS.

By S. W. Edwins, M. D.,
Of Bainbridge, Ind.

In October, 1869, I was consulted by Joshua Thomas in regard to a severe pain under the shoulder blade. Suspecting portal congestion and being busy at the time, I directed the U. S. compound cathartic pill and chloroform liniment over the seat of pain. Heard nothing more from him until the night of November 10th; was called at 2 A. M.; messenger said Mr. Thomas was dying, and for God's sake to hurry; dressed and started immediately; met the messenger at the gate returning, who said, come in, quick; entered the room and found patient lying on his right side, with the knees drawn up, the hands clutching the bed clothes with a spasmodic grasp which nothing could unloose; pulse 120; respiration 28 or 30 to the minute. The face looked pinched and cadaverous; in fact, every indication looked to a speedy death.

I got the history of the case from his wife—a very intelligent lady—who stated that some time in the night he was taken with a pain around the heart, which felt as though a knife was sticking through his heart. The pain ceased for a time, but returned at intervals of from fifteen to twenty minutes. The intervals became shorter until, as he expressed it to his wife, it does not leave at all now. Such was the history and such was the condition I found my patient in on entering the room. I inquired if he could swallow. His wife said no, and had not for some time. His pulse

kept sinking in volume very fast. Seeing that something must be done soon or the patient die, I immediately put four cups over the region of the heart and applied bottles filled with warm water to the whole lower extremity. In about five minutes, he became easier; respiration more natural; pulse fuller and slower, and his countenance began to lose that anxious expression, and on placing my ear to his mouth, he whispered, "them cups is drawing the pain right off my heart." I now administered one-quarter of a grain of morphine, and left, stating that I would be back some time through the day.

I now felt satisfied of its being rheumatism of the heart; thought no more of it, as I was very busy with my other patients who required my attention; visited him in the afternoon about 2 o'clock, November the 11th, and found him able to converse freely, and eating some bird soup with a seeming relish. He stated that the pain did not come so often now, and was not so severe as it was last night, but yet he dreaded it. He then informed me that he sometimes had the same kind of a pain in the knees and shoulders, and was then suffering from a dull, heavy pain in his right side, which he stated had been there for some time.

I now examined him closer than before, and found the following order of things: Dilatation and hypertrophy of the heart, so much so that there was a well-marked prominence over the præcordial region, with the *first sound* heard to a greater extent over the chest than in health. The liver much enlarged and painful to the touch, with severe gastric trouble; the conjunctiva and skin considerably jaundiced, and the urine very much loaded with bile. From the condition of the liver, and the symptoms accompanying, I inferred the formation of an abscess, and applied a blister for the purpose of bringing about resolution. I now put him on alterative doses of hyd. chlo. mite, fl. ext. of colchicum, with an anodyne at bed time, and kept him on that treatment for two days, at which time the abscess of the liver opened internally and he commenced to expectorate large mouthfuls of pure pus.

November 13th.—Patient doing well with the exception of the gastric trouble, which still continued. I now placed him on lime water, quinine and bismuth, and kept him on that treatment until November 20th. I also gave him dilute carbolic acid in teaspoonful doses, every four hours, as an antiseptic.

November 20th.—Patient sitting up in bed and doing well. Sunday night he was taken with a chill and passed a very restless night. 21st, Monday, found him much excited, pulse 140, respiration increased, with cold, clammy sweat covering the entire body; some delirium, with pupils contracted. He complained of his left side; the pain extending from the third to the seventh rib; there was dulness on percussion a tendency to faintness, dyspnœa and vomiting. I requested a blister to be applied over the entire left side, extending as far as the pain reached, but the friends objected; I then called Dr. Fulton in counsel, who also advised the blister, and we applied it ourselves. We then put him on the following prescription:

℞. Hydrag. chlor. miti, gr. xij.
Bismuth. subnit., gr. xxiv.
Asclepin pulvis, gr. xviij. M.
Make vj. powders; one every four hours with ¼ of a grain of morphina at bed-time.

He still continued to take his lime water; he said it was the only thing that tasted good to him; continued him on this treatment until Wednesday, when I put him on quinine and bismuth again, with carbolic acid, and kept that up until Sunday, November 27th, at which time I dismissed him. He was then sitting up in bed, and stated that he felt better than he had in several months. His condition was as follows: At 8, A. M., pulse 78; tongue clean; skin moist and clear; conjunctiva clear; urine natural and every indication of a speedy convalescence. At 2 P. M., his brother came to my office and said Mr. Thomas had quite a severe pain in his right hip, and wanted to know what he should do for it. I directed to bathe the part well with volatile liniment, give him a dose of morphia, and said I would be up at 4 o'clock. I went at 4 and found him resting very comfortably; said the pain in his hip hurt him some, but not enough to make him take morphia as it tended to constipate his bowels. I told him if it continued to hurt him, to take a dose at bed-time. He said he would. I then left and went home, a distance of five squares; was in the act of saddling my horse, when a messenger came and informed me that Mr. Thomas was dying. I went up as quick as I could and found him dead.

His brother-in-law who was present, gave me the following facts in the case: About ten minutes after I left the house, he requested them to move his right leg out straight, as it

had been stiffened and fixed on the body, and he was tired of lying in one position so long. They were in the act of doing so, when he cried out; "Oh! that pain has gone to my heart, and I am dying." They tried to assure him, but he kept saying, "I am dying," and died in about three and a half minutes after the metastasis took place. Such is a brief history of a case, in which I was at the time, and am yet deeply interested

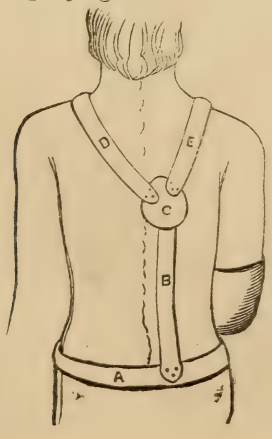
DISLOCATION OF THE LATISSIMUS DORSI MUSCLE. SUCCESSFUL TREATMENT.

By W. H. H. Githens, M. D.,
Of Philadelphia.

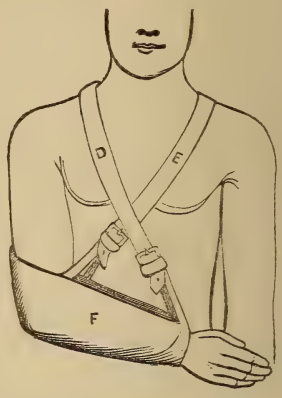
James Browley, aged 45 years, laborer, was engaged in throwing heavy iron rails from a wagon to the ground, when he "felt something give way in his back;" he was disabled from further work, and suffered from gradually increasing pain. He placed himself under my treatment June 8th, 1869, two days after the accident. On examination, the right shoulder was found displaced downward and forward. The scapulæ were both quite prominent, but the right one was much more so than the left, and the inferior angle was elevated and carried toward the central line of the body; the hand could be passed under the posterior angle.

Diagnosis.–Rupture of the attachment of the Latissimus Dorsi to the inferior angle of the Scapula, commonly called "Dislocation of the Latissimus Dorsi."

I wished in this case to secure the scapula in its proper position until adhesions might form to retain it there. To produce that effect, I devised and applied an apparatus as shown in the accompanying cuts:



A steel spring, A., padded, encircled the body just below the crest of the ilium. To this was riveted an upright, B, of soft iron, with a padded head, C, made of sheet iron.



To this pad were attached two straps, D and E, passing respectively over the right and left shoulders, and buckled to a sling, F. The strap, D, was drawn very loosely, and served to hold the pad, C, in position against the traction of the strap, E, which supported the weight of the arm and shoulder, and at the same time held the shoulder back by drawing the elbow upward and forward.

Until this apparatus was ready, an attempt was made, by means of bandages and pads, to secure the proper position; and opiates were used, in comparatively large quantities, to relieve the pain and promote sleep, but with little success. As soon as the apparatus was applied ease followed, the shoulder and scapula were nicely supported in their proper positions, and the pain was soon entirely relieved.

On the 22nd of the same month the patient was feeling no pain, his sleep was good and he was able to lie on his back; the adhesions of the scapula were stronger than on the left side. He was advised to wear the instrument a few weeks longer and to let me know, if he suffered pain or inconvenience.

I have since been told by the instrument-maker that he had come to him desiring to sell the apparatus. A perfect cure had resulted.

——A valuable library, the property of the late Dr. B. F. Shumard, of St. Louis, has been purchased by the public school board of that city. It contains a large number of works on geology and palaeontology, together with a complete collection of the geological reports of every State in the Union in which such reports have been published.

Hospital Reports.

PHILADELPHIA HOSPITAL.

January 5th, 1870.

Clinic of F. F. Maury, M. D., one of the Surgeons to the Philadelphia Hospital; Lecturer on Venereal and Cutaneous Diseases in the Summer School of Jefferson Medical College, etc., etc.

Reported by Hermann W Newcomb.

Gentlemen:—I am again permitted the pleasure of meeting you through the kindness of my colleague, Dr. Levis, who has requested me to occupy his hour every Wednesday. I shall have, therefore, between this and the first of April, eight clinics; which I shall devote exclusively to the study of venereal disease. In April my regular term of service at this hospital begins, and I shall then hold, on alternate clinic days, a venereal and a surgical clinic. Venereal disease is a subject with which my name is in a measure connected, and one in which I have ever felt the deepest interest. It is a subject that has important claims upon your attention, for there is no affection so widely disseminated throughout this, and indeed every country, as syphilis. It may be said to keep pace with the railroad and telegraph. Perhaps there are some of you who have never seen a case of venereal disease in any form. If this be so, believe me when I assure you, the time is not far distant, when every portion of this country, however remote it may be, will afford you ample opportunity for the study and investigation of this mysterious and difficult subject. You must be prepared to meet obstacles and difficulties in your attempts to understand the varied manifestations of syphilis, for there is not in the whole range of disease, one more intricate and obscure than this. But the importance of its thorough comprehension, I cannot too forcibly impress upon your minds. It may complicate any malady you are called upon to treat, and without a knowledge of syphilis you cannot hope to be good physicians, surgeons or obstetricians. It is absolutely indispensable to the intelligent practice of your profession. I shall endeavor to teach you intelligently and practically, but it is not a matter to be learned in three months or three years, and I shall therefore strive only to give you cardinal points; beacon lights as it were, for your future guidance, and not confuse your minds by too minute an analysis of the subject. But my efforts to be successful must be seconded by your own, and I solicit your earnest co-operation. Do not come here from idle curiosity, or to gaze on the misfortune of others, but with a realizing sense of the responsibility you have assumed and the vital importance of the subject it is my province to teach you.

It is of paramount importance in the study of syphilis that you "jump" at no conclusions. Take nothing for granted, and do not judge prematurely. Every case requires a careful examination, and in all instances this should be most thorough. Never omit to obtain an accurate history of the case. Inquire minutely as to the date of exposure—susceptibility—habits—condition at the time of exposure—history of previous attacks and the phenomena attending their revolutions, and indeed learn everything that can have any bearing on the case. Ascertain every circumstance that can lend you the least assistance in distinguishing between a chancre and a simple sore—a discrimination that is not so easily made as perhaps you imagine. Do not because a man has a sore on his penis, declare for its specificity. Still less lull your own and your patient's fears into a treacherous security by pronouncing the unwelcome visitor an innocent sore. Always give your patient the benefit of the doubt—when a doubt exists. I mean by this, that you treat the suspicious sore as though its character was well and clearly defined, by cauterizing it. Cauterize all doubtful sores appearing upon the penis. If it be a simple sore you have done no harm, if it be specific you have done a great deal of good. Do this gentlemen upon all occasions, and my word for it you will not go amiss. Sigmond, of Vienna, in his "Axioms of Syphilis," says "the safety lamp in the treatment of suspicious sores, is to treat as for chancre." You have no right to lose valuable time in theorizing and surmises. Cauterize it at once.

Primary Syphilis.

The first case to which I shall invite your attention is one of primary disease. I have not seen it before, and therefore know nothing of it. I shall proceed to investigate it in your presence. (Here the patient made a detailed statement of his history and the circumstances under which the chancre was contracted.—H. W. N.) You have all heard the man's own statement. He tells you that two years ago he had a chancre and bubo, that the sore he now has upon his penis appeared one week after intercourse as a small crack or fissure; that he is a drinking man, and finally, that he was drunk at the time of intercourse, and did not cleanse himself afterwards. These, in brief, are the points of the case, and on the prepuce, just at the side of the frænum, you perceive a superficial, drab-colored ulcer, secreting a greyish, somewhat profuse, discharge. The main question at issue, is, whether this is or is not a chancre. I am inclined to regard it as what my friend Dr. Bumstead would call a *chancroid*,—which I will take occasion to say is a misnomer. It is either a chancre, or it is not a chancre. But in order to verify my diagnosis, I will inoculate the patient. In order to do this, take an ordinary thumb lancet, such as I have shown you, and with its point scoop up from the bottom of the ulcer a small quantity of the greyish lymph in which the part is bathed, and insert it beneath the epider-

mis of the thigh. Be careful not to deluge your puncture with blood, a mere tinge is all that is necessary. It is always best to cover the inoculated part with a watch crystal, but not having one at hand, we must omit it in the present instance. Now, if the matter inoculated, be from a non specific ulcer, the resulting inflammation will be unappreciable, and the puncture you have made, readily heals in a few hours. But if it be the virus of a syphilitic sore there is a very different condition of affairs. In the latter case, in about twenty-four hours, your puncture is surrounded by a narrow, delicately-tinted areola, gradually developed into a distinct papule, followed by a visicle, pustule, and finally an open ulcer, possessing all the attributes of a typical chancre. Thus you see, in inoculation we have a most valuable means of diagnosis, and I counsel you, without hesitation, to avail yourselves of its aid in all cases when the nature of the sore is at all doubtful. It is a justifiable mode of procedure that will always remove any uncertainty in your own mind, and often relieve great mental anxiety on the part of your patient. We shall watch the progress of the inoculation in the case before you, and when we meet again I will tell you the result. Now as to the treatment of our patient. His chancre I will burn with the acid nitrate of mercury, using it in the proportion of one part of the acid to four of water. The object of this is not with any view of preventing the occurrence of secondary disease, the time for that is probably past, but merely to convert this foul, unhealthy ulcer into a granulating surface.

In regard to the choice of escharotics. You have a long list from which to select. But in my opinion there is nothing better than the acid nitrate of mercury variously diluted. It is prompt and decided in its action, and much less painful than nitric acid, carbo-sulphuric paste, or indeed any other cauterant.

I shall direct our patient to observe the utmost cleanliness, and in the treatment of every case of syphilis, gentlemen, you will find *cleanliness*—the most scrupulous and thorough—one of the most valuable and curative agents you can employ; and as a prophylaxis, it is the only precaution upon which the least reliance can be placed. Enjoin it upon all your patients, and make it a cardinal point in your treatment of venereal disease. To secure this end more completely, I am in the habit of directing the hair to be shaven from around the genital organs. I do this both in private and hospital practice; and have often derived the most advantageous results therefrom. It is a procedure the importance of which I desire to impress upon your minds.

The patient should protect himself from cold, keep quiet, and live on good nourishing food. This constitutes his whole treatment.

Indurated Chancre.—The next case to which I call your attention is of an entirely different character. He is a negro, æt. 25. Six weeks ago he contracted a chancre, which was neglected for one week, then touched every third day with nitrate of silver, and during the interim dressed with lead water and laudanum. The chancre never healed. Four weeks after the chancre was first noticed, several hard "kernels" made their appearance in the groin. These are the main points of his case. Why some of the profession obstinately cling to the employment of nitrate of silver in primary syphilis I cannot understand. It is not an escharotic, and will not penetrate to the deeper structures, and should never be used in the early stage of a chancre. There are certain conditions where it is a valuable agent, but it certainly is not adapted to the treatment of recent chancre.

I call your attention in the patient before you, to this circumscribed indurated spot upon the prepuce. You will perceive that it is an indolent sore, with little or no discharge and unattended by inflammatory action, having no tendency to heal. You will also notice in the groin, what the patient denominates "kernels," small, hard tumors, rolling freely under the fingers, and giving no pain upon pressure. They probably cause the man no inconvenience and but little anxiety. Yet, gentlemen, they are of the gravest and most significant import, and impart to me an eloquent story. You know, in the words of the old proverb, "how great a matter a little fire kindleth," so a little sore, such as you here see, harmless as it looks, may make a man literally *rotten* with syphilis. This patient is undoubtedly laboring under primary syphilis, and I feel as confident that secondary disease will ensue, as though he were already laboring under it. A lengthened period may elapse before this occurs; but it is lurking in his system, and sooner or later, will announce itself. The indications for treatment here are manifest and readily met. I shall give mercury. Not with any view of preventing secondary accidents, as some of you doubtless suppose, but for the same reason that you would prescribe mercury where there was effusion in a joint or morbid deposit in any portion of the body. Here are lymphatic glands enlarged and indolent, and there, an unhealthy sore, its base indurated and surrounded by plastic matter. A mercurial will stimulate the absorbents to remove morbid effusions, and induce the parts to take on healthy action. Under its influence, this tardy chancre will speedily heal, the "kernels" in the groin diminish in size, and the man's general condition be greatly improved. I will order the following prescription:

℞. Hydrarg. chloridi mitis, gr. x.
Pulv. opii, gr. jss. M.
Fiat pil No. x.
S.—One ter die.

Within three days the effect of the mercury will probably be apparent upon his gums; if not, the dose will be increased.

Secondary Syphilis.

I have now shown you two cases of primary syphilis, each a type of its kind, calling for separate and distinct modes of treatment. These are examples of the initial lesions of the disease. The next case is one illustrative of a more advanced state—the secondary stage. The history of this case is as follows: One year ago two small chancres appeared on the prepuce by the side of the frænum. They were neglected for two months and then touched with nitrate of silver. In three months they had healed, leaving some induration. Non-suppurating bubo accompanied the chancres, and may still be detected in the groin. Eight months after primary infection an eruption, preceded by fever, made its appearance; first upon the forehead and face, and then upon other portions of the body. He has lost flesh and strength, is low spirited and a good deal "run down." The eruption which you see generally diffused over the body is a well marked case of the rarest form of syphilitic skin disease. It was first described in 1825 by Bassereau, and is known as herpes. This is the variety denominated *herpes circinnatus*. It belongs to the vesicular group of eruptions, generally follows upon primary disease that is chronic and tardy in its course, and not very ready to yield to treatment. The characteristics of the eruption are sufficiently well announced in the case before you to obviate the necessity of my describing them.

I shall order the following prescription:

℞. Tinct. ferri chloridi, f.ʒv.
Liq. potass. arsenitis, f.ʒiij.
Hydarg. chloridi corros., gr. jss. M.
Twenty-five drops in a wineglass of sweetened water, ter die.

In addition to this, I shall direct him to take a sulphur vapor bath, four times a week. This shall constitute his treatment.

I now direct your attention to a case that should teach you a valuable lesson. This man, whose penis was in a condition of phymosis, contracted chancre beneath the fore-skin, and you have the result before you. (The prepuce in a great measure destroyed, and the surrounding tissue highly inflamed and approaching a gangrenous condition.—W. H. N.)

There is no more prolific cause of venereal disease than a long fore-skin. This condition of the part, together with a want of cleanliness, gives rise to more than one-half the cases of gonorrhœa and syphilis coming under my observation. Had I my will, I should circumcise every male child coming into the world. Wherever you find the prepuce redundant, if you are permitted to do so, cut it off. It is my firm belief that if every child was circumcised, venereal disease would be infinitely less frequent. Instead of being one of the most common, it would be one of the rarest forms of disease.

This patient is also suffering from a secondary syphilitic eruption. The last case I showed you is the rarest form of eruption, this is the most common. It is known as lichen, and is grouped among the papular eruptions. It is the only syphilitic skin disease, when occurring alone, that itches. Some of the others, when polymorphous, may do so, but this is rare. Lichen usually appears first upon the forehead, not in the hair, but just where the hair begins to grow, forming what is known as the *corona veneris*.

This man should be warmly clad and well nourished. Avoid cold, exposure, and all depressing influences. I shall direct for him the best food the hospital affords, and three bottles of porter and a pint of milk daily. Four times a week he is to have a sulphur vapor bath. The inflamed, unhealthy surface of the penis is to be gently touched with the solid nitrate of silver, sufficiently often to induce granulation. This shall constitute our patient's treatment. I think you will find he will thrive under it.

Tertiary Syphilis.

My hour is nearly exhausted, and with two well marked examples of tertiary syphilis, I terminate my clinic.

One is a case of great emaciation and muscular debility, the other one of ecthyma. You have in these two cases a striking exemplification of the depressing influence of syphilis. Mr. PAGET says: "The tendency of syphilis is to keep a man down," and you have but to glance at the patients before you to realize the truth of this statement. I would call your attention to the facial expression of syphilitic patients. It is peculiar and characteristic, and with which you soon become familiar. I often derive knowledge of diagnostic and prognostic value, merely from the patient's expression of countenance.

It is a matter worthy of your observation and one that will repay you for the attention you may devote to it.

I have now shown you, gentlemen, typical cases of primary, secondary, and tertiary syphilis. I have broken ground, so to speak, in the broad field before us, and when we meet again, I shall have further to say upon this, the most intricate part of our science—syphilis.

——A splendid marble colossal statute of Æsculapius was found by a countryman in a field at Pozzuoli. It belongs to the best school of Roman art.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

December 13th, 1869.

Injuries of the Ankle Joint.

CONTRIBUTED BY W. W. DAWSON, M. D., FROM SECTION ON SURGERY.

Reported by Dr. J. W. Hadlock.

Injuries of the ankle joint, fractures in its neighborhood, fractures within the joint or its dislocation always give the physician trouble in the treatment, and great solicitude as to the result. It is one of the largest and most exposed joints, and one of the most frequently injured, yet the bones of which it is constructed are so arranged as to give great security to the articulation, and being bound together by powerful ligaments, it is seldom that we have merely a simple dislocation; in the great majority of cases where the integrity of the joint is interfered with, there is fracture of some portion of the bones entering into its formation.

I intend in this brief paper to refer to some of those lesions of the ankle in which a good result may be confidently expected and to some in which *deformity is inevitable.*

Simple dislocation, as I have already said, from the peculiar conformation of the joint, is rare and the result is almost always good; but occasionally, although no violence is done to the skin or to the bones, yet the ligaments are so damaged that it requires the closest attention on the part of the surgeon to prevent eversion or inversion of the foot. Such a case must be treated as if it were a fracture: splints must be applied and the foot retained in position until the divided ligaments have united sufficiently to hold the parts in their normal positions. Sometimes, however, this cannot be accomplished; the broken ligaments make an improper union; they are too long or too short in their new estates, and the foot is either inverted or everted. We saw a case of this kind during the past summer, the external lateral ligament had been torn loose from the malleolus in a simple dislocation, it united with the bone below its normal place of attachment. Inversion of the foot resulted.

In one form of Pott's fracture a symmetrical limb usually follows, but before describing this accident, I may be allowed to refer to that peculiar lesion to which the name of Pott is attached. Most writers when they speak of "Pott's fracture," mean a fracture of the fibula near the ankle and a fracture of the internal malleolus, and yet Percival Pott, in his work on surgery, does not refer to this damage to both bones; he discusses and shows by engraving fracture of the fibula two or three inches above the joint and accompanying this injury to the fibula, and almost necessarily associated with it, rupture of the deltoid ligament, and a separation of the tibia from its proper position upon the astragalus. But to return to that form of Pott's fracture in which an undeformed limb may be expected. I refer to those cases where the integrity of the anterior and posterior ligaments is not interfered with. In such the tibia will be held in its median position, the separated portion of the internal malleolus will regain its place, the broken fibula will solidify, and scarcely a trace of the accident will remain. A case of this variety was treated by me during the past spring in the Cincinnati Hospital, and is reported in the Cincinnati *Lancet* and *Observer* for October, 1869. Colles means this species of Pott's fracture when he says: "Sometimes we find no distortion of the foot, or anything else remarkable, except a swelling about the ankle, such as might be caused by a sprain."

In fracture of the fibula near the ankle, without accompanying dislocation, the repair is almost always satisfactory.

Simple dislocation of the astragulus, where reduction is complete and unattended with much difficulty, produces no deformity, and if the inflammatory action be not high the normal actions of the joint are preserved.

Simple fracture of the tibia, or of the tibia and fibula near, but not involving the joint, gives the surgeon little trouble in the treatment, and he is generally gratified by a symmetrical limb.

Nelaton reports the only case which has ever been observed of a *simple dislocation of the inferior perioneo-tibial articulation.* The patient was not seen until the thirty-ninth day, the fibula was thrown backward, and was on a line with the border of the tendo Achillis, the "abandoned astragalus" could be clearly defined. The foot was in its natural position, and the patient walked fairly. The dislocation could no doubt have been reduced, and an undeformed limb made had it been seen at an early period.

The foregoing are some of the accidents of the ankle and its neighborhood, in which the physician is master of the situation; but the following tax his patience, draft heavily upon all his resources, and often jeopardize his reputation. In these grave lesions some will be deformed; others will be both deformed and anchylosed.

Compound dislocations stand at the head of these injuries, in them, not only the limb, but the life of the patient is at hazard, and this is often as apparent to the friends as to the attending physician, they are generally satisfied if the life be saved with a comparatively useful limb.

Fraction of the tibia within the joint. In that

form of fracture within the joint, where a portion of the external or fibular side of the tibia is separated from the shaft of the bone, the fragment is held to the fibula by the tibio-fibular ligament, but the bone itself, no longer under control of this ligament, slips upon the smooth articular surface of the astragalus, puts the deltoid ligament on the stretch and crowds the internal malleolus against the skin in the most threatening manner. The skin may slough from this pressing bone and convert this into a case still more serious, but if this complication be escaped, there are no means within the range of surgery which can return and keep in position this damaged and displaced tibia. You may reduce such a fracture every hour in the day, there is no trouble in the reduction, the difficulty is in keeping the parts in their normal places. Bandages and splints are not well borne if you apply them with any degree of tightness, you, by promoting sloughing, increase the gravity of your already unpromising case, and place in jeopardy the life of your patient.

I have already referred to the simplest form of Pott's fracture, that is, to that form in which deformity may not be expected, but unfortunately the great majority of these accidents do not belong to this class. This fracture is by no means unfrequent. Of ninety-three cases, given by Hamilton, of fracture of both bones of the lower third of the leg, the fibula and internal malleolus were broken in seventeen, about one in five and a half cases. The pathological anatomy of this form of injury, involving, as it always does, except in the cases I have already mentioned, a partial dislocation as well as fracture of both bones, is apparent. The fibula which gives external support to the articulation in its upright position, is broken and falls against the tibia, the internal malleolus to which is attached the deltoid ligament or the most powerful portion of that ligament separates from the tibia, hence this bone having literally lost its moorings, glides inward and projecting beneath the skin gives great width to the joint. In some cases it projects an inch beyond the articulating surface of the astragalus. An intensified specimen of this fracture, taken from a man who had died from alcoholism a few days after the injury, I had the honor of presenting to the Academy, in April of last year.

In the treatment of these cases the same difficulties are encountered as in fracture of the tibia within the joint before referred to. You may adjust the parts, but as soon as you remove your hands they resume their abnormal positions. You will be fortunate if the tibia does not press its way to the surface. Pott looked upon flexion of the limb as of the utmost importance in the treatment. Others, by an elevated position, drain the blood from these as they do in all cases of fracture where it is practicable. It seems strange, and yet it is true that such a man as Dupuytren should have attempted, under such circumstances, to control a tibia by a tourniquet. His patient was not so fortunate as to lose only his limb,—he lost his life.

Fracture of the tibia within the joint where from the peculiarities of the case reduction is impossible. This occurs where a fragment is broken loose from the tibia and thwarts the best efforts of the surgeon at replacement. Reduction in some such cases is impossible, and although this is one of the most humiliating of all the experiences which fall to the lot of the physician, yet it is a comfort to know that the wisest and most skillful have failed in accomplishing it. Hamilton, writing on a case of this kind, says: "Our efforts were prolonged in all more than an hour, when, as we had made no impression upon the bone, and the patient had repeatedly implored us to desist, the attempt was given over. The end of the tibia seemed to rest partly upon the astragalus, and the extension was plainly all that was demanded, but the obstacle was beyond doubt within the articulation, or rather between the tibia and fibula. * * * * Not long since I had occasion to amputate a limb for a compound dislocation inward at the ankle joint and the possibility of this fracture was confirmed by dissection. About one-third of the outer portion of the articular surface was broken off obliquely, and the fragment was lying so displaced that a reduction would have been rendered impossible. * * * * Dr. Townsend, of Boston, has reported a case of compound dislocation in which also amputation became necessary, and with other injuries the dissection showed a fragment from the outer margin of the tibia, one inch and a half long, and one inch thick at its widest part with a very sharp point, displaced and lying almost transversely over the astragalus."

In this contribution to the report of the Section on Surgery, I have space left for but one mo of the various lesions of the ankle joint; this space I shall devote to the astragalus. Situated above securely between the malleoli, resting below upon the os calcis, and in front braced against the scaphoid, the astragalus is seldom disturbed, but when it is, the most serious consequence generally follow. I have already discussed its simple dislocation and easy reduction; unfortunately this is seldom the case, usually the luxation is compound or complicated. When the dislocation is compound, resection or amputation should be resorted to. The former, resection, without there be very great injury to the soft parts, should be preferred. It should be preferred also to reduction where the disturbance to the bone is great. It is remarkable how good a limb may be made after the loss of so large and important a bone as the astragalus. Turner gives eighteen cases of complete excision of this bone; in fourteen of these, recoveries were good, and anchy-

losis followed in but one of the fourteen. I saw a case during the past summer of compound fracture and dislocation of the ankle joint, in connection with Dr. McMechan of this city. The astrgalus was thrust from its bed through the skin and was removed by Dr. McMechan, with a few touches of the knife. The ends of the tibia and fibula were injured; these were removed. The patient recovered with a useful limb but stiff joint.

I have thus sketched some of the simplest and some of the gravest accidents to which the ankle is subject. There are no injuries in which the surgeon hazards so much as in some of those alluded to; they are a prolific source of litigation. Percival Pott, in speaking of one of those injuries, one in which the tibia has lost its inferior connections, says: "But in its most simple state, unaccompanied with any wound, it is extremely troublesome to put to rights, still more so to keep it in order, and unless managed with *address and skill* is frequently productive of both lameness and deformity ever after." We may well ask who has sufficient "address and skill" to prevent "deformity and lameness" in many of these cases, in the large majority I may say of just such cases as he was then describing? Such remarks as these—and unfortunately too many of them are to be found in our literature—lay the foundation of suits for malpractice, the lawyer quotes such assertions to show that his client would have had a good, a perfect leg, if the attending surgeon had had the requisite "address and skill."

Editorial Department.

Periscope.

Sulphite of Soda.

Dr. G. Kelmer of Illinois, writes to the *Western Journal of Medicine* that sulphite of soda can be relied upon as a speedy and effectual remedy in almost all parasitic affections of the skin.

I have also used it in various other cutaneous diseases with uniform and unvarying success. And in that condition of the blood which is manifested by the production of numerous furuncles, commonly known as boils, the administration of sulphite of soda, with carminative tonics, has proved, under my observation, a perfect and rapid remedy. In carbuncles, I know, after using the following, that it may be relied upon. After a forced or spontaneous opening of the carbuncle, apply a solution on lint, of, say,

℞.	Sodæ sulphitis,	℥ss.
	Acidi carbolici (crys.),	℥ss.
	Glycerinæ,	f.℥iij. M.

It is remarkable how rapidly, under these applications, the ordinarily slow separation of the necrosed cellular tissues takes place—the destructive process ceases, and healthy granulations spring up.

In urticaria it has proven very successful in subduing the worst forms of this disease in twenty-four hours. There are a great many other skin diseases in which I have found it equally efficient.

Another application of this salt, which I consider valuable, is in case of infants, by whom their food (the mother's breast-milk) is often ejected. A dose of two to five grains of sulphite, in combination with comp. cardamon, sweetened, has proved successful in causing a retention and assimilation of the contents of the stomach when administered soon after imbibition, thus greatly promoting the health of the child. Also in cases of children where there is a fermented, swollen condition of the bowels, especially if constipated, the sulphite of soda will remove the difficulty in a short time.

Cause of Typhoid Fever.

Dr. A. Veith writes from Natchez, Miss., to the *Scientific American*, as follows:

In your number of Nov. 27th, 1869, I have seen an article on the necessity of cleaning the sewers in order to avoid typhoid fever. There is something to add to your article. Dr. Hepp, druggist of the hospital and Medical Faculty of Strasbourg, (France,) found last year that typhoid fever is appearing as an epidemic in that city with the rain, or rather by the disappearance of the rain, and his observations of about twenty years taught him the following facts: There is a subterranean water layer, communicating with the rivers and fountains, at a pretty short distance under the soil, that increases with the rains, and when these are ceasing decreases in the same way, leaving organic substances in a state of decomposition which communicates a certain degree of impurity to the drinking waters. Epidemic typhoid fever always made its appearance in Strasbourg and in the surrounding places, when such was the case.

Conservative Surgery.

Dr. Wayne Griswold, of Circleville, Ohio, sends the following case to the *Western Journal of Medicine*:

December 8th, 1868—Was called to see Miss W.

While holding a chicken for her brother to kill, a misdirected blow of his hatchet cut off the end of her thumb, taking the entire nail, about one-third of the first phalanx and the entire ball of the thumb. On asking for the piece of thumb they informed me that it was rolled up in a cloth out in a cold room, and that it had been one hour and three minutes (by the clock) since the accident. The mother was in great tribulation at the prospect of a deformed thumb for her young daughter, and the child was still more worried for fear she would not be able to play octaves on the piano. After washing the thumb in warm water till it bled freely, and warming the piece in the same manner, it was placed as near in position as possible and secured by adhesive straps. Left orders to wet the thumb (in a warm weak solution of carbolic acid in water) every few hours.

On the third day, removed the dressing. The parts adhered, but the nail looked blue and the skin white and dead. Dressing continued.

On sixth day, removed the dead skin and with it the phalangeal bone. The ball of the thumb looked like a piece of fresh beef covered with purulent matter. Found by examining with a glass, a new nail starting. Continued the carbolic acid dressing.

The old nail came off in fifteen days; a new one took its place, leaving the thumb perfectly natural, except a little flatness of ball from loss of blood. There is not a scar to mark the place where the thumb was injured. New skin formed from the stump up over the ball, smooth as it ever was. The mother was left to rejoice that her daughter had no thumb deformity and was again able to play the piano as well as she did before the injury.

Reviews and Book Notices.

NOTES ON BOOKS.

Appleton & Co. have republished from the N. Y. *Medical Journal*, "Contributions to Practical Laryngoscopy," by A. Ruppaner, M. D. Our readers are acquainted with the practical and instructive nature of Dr. Ruppaner's communications, and this will be found well worth reading.

"The Physiological Action and Therapeutic uses of Acidum Phosphoricum Dilutum" is the title of a pamphlet, by Dr. Judson B. Andrews, Assistant Physician in the N. Y. State Lunatic Asylum. It deserves careful perusal. The action of the acid seems to be specifically on the cerebral functions. The suggestions about "psychological lemonade," fifteen drops of the acid to a tumbler of water, when one is worn out with mental labor, is a good one.

The Journal of Cutaneous Medicine, in England, has demised. It lacked support. Undeterred by its premature fate, Dr. Henry, of New York city, has commenced "The American Journal of Syphilography and Dermatology," quarterly, 190 pages, three dollars a year, published by F. W. Christern, 77 University Place, New York city. It contains several able original articles, and a selection, some of which is not new, from foreign journals. There are two reviews, one on *eczema marginatum*, which is creditable, one on Cullerier's *Atlas*, which is of no importance. We wish the Journal success, but have doubt of its viability.

"The Law in Reference to Suicide and Intemperance in Life Insurance" was a paper read before the New York Medico-legal Society, by William Shrady, L. L. B., Counsellor-at-law, and published at the office of the *Insurance Monitor*, N. Y. The subject is an important one and is well handled by the writer. It deserves the attention of medical examiners.

We acknowledge the receipt of the Report of the Eastern Lunatic Asylum of Kentucky, for 1869.

Vital Resources; or how to become Physiologically younger and stronger. Being a scrutiny into the Domain of the Laws to which Nature sometimes marvelously resorts for aid in its restorative powers, by Jerome Kidder, M. D., Published by the author, 544 Broadway. 1 vol. cloth, 12 mo. pp. 165.

There are, as yet, many mysteries in the exercise of the cerebral functions to explain which science does not pretend. The limits of the *knowable* should not be transgressed, and theorizing is of no value at all when there is doubt as to facts. This indicates a fault we have to find with this little book. It discusses the origin of monsters, the morphology of the human body, mesmerism, consanguineous marriages, and especially *atavism*, which is developed into a theory of dual and plural personality.

We believe, as a rule, such discussions do no more good in the present state of science, than Owen's "Footprints on the Boundary of Another World, "The Right Side of Nature," and similar works. They are but a shade better than Andrew Jackson Davis' lucubrations.

Every intelligent mind, however, must take a deep interest in the investigation of these strange phenomena, and must feel a pleasure in seeing them brought within the pale of objective study. It is a proof that the unnatural divorce of spirit from matter, unknown to the ancient world, and repudiated by the deepest thinkers of our day, is now losing ground. If Dr. Kidder had given a closer scrutiny to the cases he seeks to explain, and had established them more positively as *facts*, his theories would have had more weight. But, at least, his book is a suggestive one, and in the right direction.

——A Western chemist has discovered a remedy for the trichina. It is nitro-glycerine, applied either to the hog or the eater of pork, and then exploded.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 22, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country.

WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

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3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

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5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

SURGEONS AGAINST JURIES AND SHYSTERS.

The recent prosecution of Dr. A. D. HALL, by a patient, on charge of malpractice causing the loss of an eye, for the purpose of recovering damages, is an illustration of the liability of surgeons of hospitals to suffer outrageous imposition while scientifically and humanely performing their duty. The case and its issue will certainly impress surgeons with the danger to which they are daily exposed from vicious patients when led on by their cupidity or that of their friends or attorneys.

The plaintiff in this case, a young woman, applied to the Wills Ophthalmic Hospital, nearly two years ago, and was registered on the books as suffering with staphyloma of the cornea. The object of the operation, the removal of the anterior part of the eyeball, performed at her request, in the presence of a consultation of the surgeons, was to get rid of disfigurement and to enable her to wear an artificial eye.

The performance of the operation was also influenced by the existence of sympathetic irritation in the other eye.

The evidence of all with whom she came in contact in the Hospital proved that she fully comprehended the benefits to be gained by the operation, that she was well satisfied with the treatment she received, that she made inquiries in regard to the cost of an artificial eye, and that she continued to return as an out-patient after her discharge. These facts were verified by abundant evidence of attending surgeons, resident surgeon, nurses, and the records of the institution. Evidence might also have been produced that the woman was known to have been blind in the eye operated on for several years.

Instead of being thankful for the great benefit secured by the partial removal of the sightless and unsightly eye, and the salvation of the other eye, she is brought into a court room with the collapsed orbit to pitifully appeal, through the oratory of an ingenious attorney, for damages for the apparent loss!

The plaintiff's case rested upon the evidence of some very illiterate persons, that she was not entirely blind in the eye. It was admitted that the eye had been for three years partially covered by a "speck" or by a "scum." The woman also admitted in the court room that she had never tested whether the eye was entirely blind, by closing the other eye. An "expert" was called forth

who stated that he had practiced medicine "excepting when in the *oil business*," but was compelled to acknowledge, when questioned, that he knew nothing of the surgery of the eye, and he was at once dismissed by the judge.

The claim was for ten thousand dollars.

The defence was abundantly sustained by the evidence alluded to and also by prominent surgeons, called in as experts, including Doctors GROSS, PANCOAST, LEWIS and MORTON.

The jury rendered a verdict in favor of the plaintiff for *eight hundred dollars*. We are gratified to know that this unjust verdict was instantly set aside by Judge Stroud, as against the evidence.

The absurdity of the verdict, as to the amount of damages awarded, is evident. Dr. HALL either did or did not culpably destroy vision in the eye. If he really had done what she attempted to prove, the amount asked for was not too much, and the smallness of the sum awarded makes it apparent that the jury could not have considered him answerable for the loss of the eye.

Medical practitioners have repeatedly suffered from the ignorance and mistaken sympathy of a "jury of their peers," but it is gratifying in this case, as it has been in some other instances, that the intelligence of an upright judge has reversed the wrongful verdict.

Two other suits for malpractice, against most worthy members of the profession, are soon to be tried in this city and it is to be hoped that they may not be presented before juries made up of men who can see in a deformed limb, rescued from entire loss, or in a vacant orbit which has saved another eye from blindness, only blundering or thirst for blood on the part of the humane and scientific practitioner.

POPULAR MEDICAL LITERATURE.

We earnestly believe that the most effective way to meet charlatanism, quackery, homœopathy, and a degraded medical education, is by the wide diffusion of sound medical information. Yet so blind is the mass of the profession to this fact that they actually oppose and attempt to ostracise a man who attempts to popularize medical science. This, writes Dr. GEORGE M. BEARD to the *Medical Record*, is not the case abroad. He says:

"In the popularization of medical science—at least in the preparation of treatises for the masses, in popular language—the English are certainly much in advance of us. Not only are there popular works on medical science in general, but special treatises on special departments of medicine are prepared by competent and acknowledged authorities in that department, published in a cheap and convenient form, and sold in large numbers. I examined to-day, at the well-known medical publishing house of Churchill & Sons, about a dozen manuals on various departments of medical science for popular use."

They are written by such men as SQUIRE, WILSON, and FILT, than whom one will not find more honorable names in the Medical Directory of Great Britain. It is quite time that the narrow-minded prejudice of medical men in this country be removed, and that such gross ignorance as Professor EVE, in his late introductory, shows to exist among the public, be done away with. We are glad to learn from a correspondent that in Michigan the Young Men's Christian Association of a certain town proposes a course of lectures on hygiene and physiology. We express the hope that this example will be widely followed.

Notes and Comments.

California Medical Gazette.

The publishers and proprietors of the *Pacific Medical and Surgical Journal* have consolidated their journal with the *California Medical Gazette*. As both journals were good before, the consolidated journal is bound to be better. We hope that Dr. GIBBONS' services are to be retained on the *Gazette*.

Small Pox.

The Small Pox Hospital, of Providence, R. I. is "to let." There is not a case in the city. In New York, on the contrary, the disease is quite prevalent, and slightly so in Boston. It is a pity that the sanitary affairs of all our cities cannot be as completely in the hands of the medical profession as are those of Providence.

Correspondence.

DOMESTIC.

Puerperal Convulsions.

EDS. MED. AND SURG. REPORTER:

I am of opinion that this subject has been handled loosely lately in the "REPORTER."

Puerperal convulsions is a generic term (if I may be allowed thus to express myself), embracing con-

vulsions arising from different causes in the female in the puerperal state. If this proposition be correct, is it any more reasonable to claim for any single remedy the constant cure of this disease than to offer a specific for any disease which you may mention?

Take, for instance, the last reported case, what there was the cause of the convulsion?

In the erethism which exists during pregnancy, was not the "quart of chestnuts" the match which fired the magazine which exploded in convulsions? If so, what was the remedy which offered most?

Not bromide of potassium, certainly, but an active emeto-cathartic too thoroughly clear the primæ viæ of the irritant, the chestnuts, the bromide would have offered much to quiet the excited nervous system.

There is another class of cases; those of hysteric-eclampsia. In these the bromide offers every prospect of success, if heroically used. But to claim for the above mentioned remedy pre-eminence, in those frightful cases of congestive eclampsia which so effectually close the teeth and stop deglutition, is a fatal delusion.

In such cases the lancet is loudly called for and demanded to be used heroically, "not bleeding for ounces but for effect," until the spasm is relaxed. To hold it there, keep the action of the heart subdued by veratrum viride, not as suggested by one writer *primarily*, but make it *secondary* to bleeding.

There is a fourth class of cases which offer far less hope of cure, whatever be the mode of treatment, than any of the above. They are those where the gravid uterus has interfered, by pressure, with the circulation through the kidney, producing blood-poisoning, albuminuria, etc., etc.

In these the whole mass of blood poisoned, unfit to sustain so delicate a system as the nervous in its physiological action. Depletion by the lancet offers but little hope, as it takes the richest part from the poisoned blood, from the system, leaving the impoverished blood still as much poisoned as before, and certainly less fitted to sustain nature in her tumult.

The class of active hydragogue cathartics might offer something here, but quick as they might be, they alas must often prove but a very tardy messenger, and bringing but little relief at best.

If this showing be correct, how utterly vain and worse than useless to offer as "the remedy" in this disease, blood-letting, bromide of potassium, etc., etc., as has been done, regardless of symptoms, other than the convulsion in the puerperal state. Take rather the scientific view and analyze the disease, search for the cause and its seat, and then prepare for the assault, when victory will much oftener perch upon our standard.

WM. MCKEAN, M. D.

Mt. Hope, Ohio, December 9th, 1869.

QUERIES AND REPLIES.

Dr. B. F. H., of Pa.—A good, bleached articulated skeleton costs $45. We can procure one for you.

WILL the wrfter of the article on syphilis, from Pittsburgh, please send us his name, as there is no name to the article and the letter of accompaniment has been mislaid. EDS.

MARRIED.

DUNLAP—HOOPER. At the residence of the bride's father Dec. 21st. by the Rev. S. S. Billeville Dr. W. F. Dunlap of Cincinnati and Miss Laura Belle Hooper of Covington Ky.

JACKSON—WOOD. In Barre, Vt., Dec. 24th, by Rev. L. Tenney, assisted by Rev. E. I. Carpenter and Rev. S. N. Jackson, (a brother of the bridegroom,) J. Henry Jackson, M. D., of Montreal, P. Q., and Miss Coralin A. Wood of Barre.

MORRIS—STUART. On the 11th inst., by the Rev. Albert Barnes, at the residence of the bride's mother, Mrs. Mary Ella Stuart, daughter of the late Lawrence Johnson, and J. Chester Morris, M. D., all of this city.

STEVENSON—RATCLIFFE. Nov. 4th, at Tamaqua, Pa., by the Rev. J. O'Neil, W. O. Stephens, M. D., of Toughkenamon, Pa., and Mrs. Mary O. Ratcliffe of Augusta Georgia.

WAMSLEY—GORTON. On the 25th ult., by Rev. R. S. Harris, in Trinity M. E. Church, Clayton, N. J., Dr. James A. Wamsley, of Mullica Hill, and Miss Josie D. Gorton, of Clayton.

DIED.

HOSACK—Dec. 12th, in Dayton, Pa., Ninna Carlotta, daughter of Dr. William S. and Carrie S. Hosack, aged 1 year, 6 months and 21 days.

KUYPERS—Jan. 10th, In New York Dr. Samuel S. Kuypers, in the 75th year of his age.

PRAY—Jan. 11th, At Brooklyn Margaret L. Pray, widow of the late Dr. Orestes M. Pray of Brooklyn, in the 26th year of her age.

ROBERTS—On the 11th inst., In this city, Harry H., aged 3 years; also, Mattie W., aged 6 years, son and daughter of Dr. Charles B. and Sarah Roberts.

SHARP—At Wilmington, Del., on the 7th inst., Surgeon Solomon Sharp, U. S. N., in the 64th year of his age

ERDMAN—In Millerstown, Lehigh Co., Pa., of scarlet fever; on Nov. 12th, 1869, Anna Mary, aged 3 years 4 months and 21 days, and on Nov. 15th, 1869, Hattie Dell, aged 2 years 3 months and 14 days, only children of Dr. W. B. and Kate S. Erdman.

METEOROLOGY.

JAN.	3,	4,	5,	6,	7,	8,	9.
Wind.....	S. W.	N. W.	W.	S. W.	N. W.	W.	N. W.
Weather.	Clear	Clear	Cl'dy	Clear	Clear	Cl'dy	Clear
Depth Rain							
Thermom....							
Minimum..	25°	21°	19°	18°	19°	18°	7°
At 8, A. M.	37	32	30	35	30	30	20
At 12, M...	45	38	35	44	31	36	25
At 3, P. M.	46	36	35	45	30	35	24
Mean.....	38.25	31.75	29.75	35 50	27 50	29 75	19.
Barometer..							
At 12, M...	29.7	29.9	30.2	30.2	30.2	30.1	30.2

Germantown, Pa. B. J. LEEDOM.

FEB. 15, ...

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

PUERPERAL MANIA AND CONVULSIONS, TREATED BY HYPODERMIC INJECTIONS.

By D. B. Hillis, M. D.

Of Keokuk, Iowa.

Mrs. V. K——, of this city, æt. 27; nervo-sanguine temperament; full habit and good health; was delivered, November 10th, 1869, after 12 hours labor, of a living child. Nothing unusual was noticed in her mind or conduct prior to confinement, unless it was that she was more excitable and loquacious than usual, but during the succeeding five or six days she did not sleep any. For this condition her physician, Dr. S., gave her several portions of morphia, which, as her family thought, not only failed to quiet, but made her more restless. In all other respects her condition seemed healthy. The opiate having failed, her medical attendant ordered "bitters" with better effect, causing her to sleep some during the two or three succeeding nights, when she relapsed into insomnia. Her reason now began to be manifestly unsettled, and she became perverse, petulant, and filled with vagaries; a condition foreign to her natural disposition, which was mild, pleasant, and confiding. It was now proposed that her physican, who had discontinued his visits several days previously, should be recalled; but this she violently opposed, declaring that his presence would certainly give her convulsions; that she could not, and would not endure him. This, to her friends, was the most alarming symptom, as he had been very kind, and was much esteemed by her. In consequence of her opposition, however, he was not sent for, but an old woman, of homœopathic pretentions, was found and kept in the house, as it was thought she might be useful as a nurse, if nothing more. But this proved to be a dangerous experiment, for, under her instructions, the patient was not permitted to sleep, and soon lost all desire or power to do so; going from bad to worse, she finally became wildly delirious. Such was the history of the case up to the time I was called, the evening of December 6th, when I was informed she resisted the presence of any one; imagined she was the Savior of the world; that she was imposed on by her husband and all others; calling them demons, etc., and had driven the old homœopathic nurse from the premises—a good thing. When I approached her bed-side, she declined talking with me, but, at the same moment, directed my attention to the bruised condition of her hands. Under the pretense of examining the hands, I felt the pulse, which was corded and 140 per minute, as near as I could tell, on account of the severe subsultus of the tendons of the forearm. I thought to indulge her whim as to bruised hands, with which there was nothing wrong, and get control of her mind, by suggesting that she permit me to relieve them; but she instantly informed me that, as she was the Savior, my assistance was not needed. She was very restless; had a wild, staring look, with pupils greatly dilated, and had not slept for many days. The milk was suppressed, and the lochia had ceased. As it was impossible to make anything like a satisfactory examination of the patient, the pathology of the case was involved in doubt. My opinion, however, was, that the disease was parturient and only functional; and that the important indication in the treatment was to induce rest and sleep. Fearing an indiosyn cracy contra-indicating opium, I ordered the tincture of stramonium, in ten drop doses every hour.

December 7th 7½ *A. M.*—The husband called at my office; reported his wife still delirious;

she had rested some, but had not slept. I prescribed, potas. bromidi, 30 grains to be given immediately, followed by 20 grain doses every two hours until she slept.

10 *A. M.*—Patient calmer, but had not slept, pulse 120; subsultus; could not see the tongue. Fifty grains of the bromide of potassium had been given, I ordered it continued as before.

4 *P. M.*—Condition about as it was in the morning; had not slept; pulse 100, and feeble. Same treatment continued.

10 *P. M.*—Husband reported; wife no better; had not slept; was more frenzied. As she had now taken 150 grains potas. bromidi, without benefit, I ordered it stopped, and requested consultation.

11½ *P. M.*—Met Professor Cleaver, of the Obstetrical chair in the Medical Department of the Iowa State University, in consultation. The patient was now having clonic convulsions, of a tetanic character, following each other in quick succession; was more frenzied than ever, and seemed much exhausted; was sitting on the side of the bed; where she was held by three or four attendants; pulse 140. At the suggestion of Prof. C., chloroform liniment was applied along the spine, and she was put on fifteen drop doses of laudanum, in a tablespoonful of brandy, every hour until quieted.

December, 8*th* 7½ *A. M.*—Husband reported that the medicine had been given faithfully, but had failed to quiet, and that his wife was in about the same condition as when seen by Prof. C. and myself. The laudanum having failed, and still having a lingering faith in the bromide of potassium, I ordered it resumed giving for the first portion forty grains, to which was added five grains of the bromide of ammonium; the bromide of potassium to be continued in ten grain doses every hour.

10 A. M. the patient was up in bed supported by her attendants; spasms continuing; great subsultus, and in a general quiver of excitement; articulation indistinct; froth issuing from the mouth; pulse cannot be counted, on account of the severe subsultus. If was evident, that if this great excitement was not speedily subdued, death, from exhaustion would soon ensue. I now determined to try the hypodermic injection of morphia, and at once injected the eighth of a grain of the sulphate of morphia in solution, into the back near the third lumbar vertebra. Sleep followed at the expiration of six minutes; after which she awoke as frantic as ever, with general convulsive twitchings of the face, body, and limbs. In about ten minutes I repeated the injection of the same amount near the same point, and in five minutes she again slept, this time twenty minutes, during which she snored loudly. She awoke still frenzied, but calmer, with not much spasmodic action, but a good deal tendinous subsultus. In fifteen minutes I once more injected the same quantity, a short distance from former place, and having other patients to visit left her sleeping.

1½ *P. M.*—After the last injection she slept forty minutes, but was again excited and subsultic, I now injected one-fourth of a grain of the morphia, when she again slept twenty minutes; waking much excited, but with less subsultus. After waiting a sufficient time to see if she would again pass under the influence of the last portion, and finding that she did not, I injected the eighth of a grain. This last portion was given at two o'clock; I remained half an hour, and left her sleeping.

5, *P. M.*—She was still sleeping; no subsultus; pulse, 100; respiration, 13. Having instructed the attendants to give cold water, and the essence of beef, freely, if opportunity offered, I left for the night.

December 9th, 10 *A. M.*—Found her awake and more rational; no subsultus; pulse 90; had slept eighteen hours after the last injection, waking but once, when she asked for something to eat, and having drank freely of the beef essence went to sleep. Ordered her well fed and the room to be kept dark and quiet.

9 *P. M.*—She had slept most of the day; had several times taken sweet milk and essence of beef; mind about the same as at last visit; nerves quiet; pulse, 95; tongue moist and slightly furred; ordered an enema of warm water and salt, to open the bowels, and vagina cleansed with warm water; diet as before.

December 10, 10 *A. M.*—She had slept the greater portion of the night: mind still improving; a little subsultus; pulse, 100. The enema of the evening previous had caused a slight action. Fearing a relapse I once more injected the eighth of a grain of morphia into the back, to which she made but little opposition.

10 *P. M.*—Patient had slept nearly all day; pulse, 90; nerves steady; mind much better; and she took quite an interest, for the first time, in my directions to the nurse. Gave her a powder of calomel and podophyllin.

December 11th.—A messenger called in the early morning, saying that Mrs. V. K. wanted to see me. Upon arrival I found her perfectly rational. The purgative of the evening previous had acted rather severely, causing considerable prostration. The pulse was 90, and weak.

Suffice it to say, from this time onward the progress of the patient toward recovery was rapid. At the end of four days after the first subcutaneous injection, all symptoms of disease, save, perhaps, a slight excitation observable only to the intimate friends, had disappeared. The chief feature of interest in this case is in the manner in which the curative agent, morphia, was introduced into the system.

After the free use of opium, in the ordinary way, had failed of effect, sleep is induced almost on the instant by the hypodermic use of one of its alkaloids. And this result followed a number of somewhat tentative introductions of the medicine. Finally, upon the injection of what cannot be considered a large portion of morphia, a sleep, eighteen hours in duration is secured.

It may be safely inferred, that at least in this case the hypodermic method presented marked advantage over the plan per anum.

ERGOT.—SECALE CORNUTUM.

By J. W. Hadlock, M. D.

(Read before the Cincinnati Academy of Medicine, Jan. 3d, 1870.)

Mr. President, I propose to occupy the attention of the Academy this evening, for a brief period, upon the subject of ergot.

This remedy is a metamorphosis of the cereals, and is found in greatest abundance in wet and warm seasons. The exact nature of the change in the grain by which this remedy is produced has not yet been accurately determined. Some regard it as a metamorphosis of the grain produced by warmth and moisture; others look upon the disease of the grain as produced by the sting of insects; whilst the larger number of observers insist that the spurred rye is a parasitic fungus.

It has been, and is recognised by a number of synonyms. In the seventeenth century it was known as a popular oxytocic, in Germany, under the name of *mutter-horn, womb-grain; Gebarpulver, pulvis parturi faciens, seigle ergotisi, pulvis parturiens, pulvis ad partum*, are some of the appellations which it has received.

In 1824 it was called, by way of condemnation, by Dr. Hosack, *Pulvis ad Mortem.* Its status has been more unsteady, it has been subject to more vacillation than any remedy in the entire materia medica. Some attributing to it the most powerful action, others of equal standing insisting that it was totally inert. At one period it would seem firmly established in the confidence of the profession, but no sooner had it acquired this position than it would be attacked by gentlemen of undoubted powers of observation, and its ability as a uterine stimulant, not only questioned, but positively denied. Again it would be put upon its trial and be compelled, *de novo*, to work its way to the confidence of the profession.

HISTORY OF ERGOT.

To this century and to this country belongs the credit of introducing this agent into use in the practice of midwifery. Dr. Stearns of Waterford, New York, in 1807 described it under the name of *Pulvis Parturiens.* In his communication he stated that he had employed it with great advantage in cases *where the pains had subsided and were incompetent to expel the fœtus.* He gave in his paper, directions for its administration and the indications for its use, which are recognised to this day.

It is first mentioned in the year 1096, and in 1576 a pestilential affection, was attributed to the use of flour which contained ergot. In 1688 Camerarius stated that the midwives of Wurtemberg used it to facilitate labor. In 1774 its administration was prohibited in France.

Up to 1823, sixteen years after the paper of Dr. Stearns, its claims were denied in Paris, by such authorities as Chausier and Madame Lachapelle. In the decade following 1823 its claims were thoroughly discussed both in England and France, and by the end of that period, ergot was firmly established in the confidence of the majority of the profession. There were, however, still some at that time, as there are distinguished men to day, who distrusted it and failed, or refused, to be convinced of its merits.

ACTION ON ANIMALS AND MAN.

That ergot is a powerful remedy, its action on man and the inferior animals fully attests.

Deiz gave it to dogs, and it produced profuse salivation, vomiting, dilatation of the pupils, unsteadiness of gait, quickened respiration

and circulation, caused moaning, etc., followed by death.

Gangrene and dropping off of the toes have followed its excessive use. In birds its poisonous qualities are singularly manifest, death resulting in from four to seven days; pigeons lose their plumes, and cocks their combs.

The influence (says Stillè) of ergot on the gravid uterus of animals is not uniform. In some cases it seems to have been purely negative, in others, to have destroyed the product of conception without producing its expulsion; and still others, and these are the most numerous, to have caused abortion.

According to Deiz, it produced abortion in *bitches* and in *guinea pigs* without harm to the mother or the young when the dose was moderate; but large doses destroyed both and excited inflammation of the womb. In 1825 Dr. OSTERE gave ergot to a *sow*, a *cow* and a *cat*, before the completion of pregnancy, and in each case produced abortion. In 1841 an epidemic of abortion among *cows* occurred in the neighborhood of Trois Croix, in France, which was traced to the ergoted state of the rye and other graminæ.

According to Percey and Lauret, a decoction of ergot, into the veins of a *cow*, caused the animal to calve speedily. (Stillè, Therap. and Mat. Med., page 585). The testimony of Youatt is equally conclusive.

Prof. M. B. WRIGHT ofthis city in a discussion before the Covington and Newport Medical Society, took decided ground against ergot as a parturient, and combated every claim made for it. He took the positive position that it had no influence over the womb to cause the contraction of that organ, and that when it had been experimented with on dogs, pigs and cats, and had caused abortion, that the utereus had expelled the fetus as a foreign body after it had been destroyed by the ergot.

Before such testimony the position of Prof. Wright seems hardly tenable; the majority of experimenters have found ergot possessed of positive powers, both in the impregnated and unimpregnated uterus, increasing already developed uterine contractions, and begetting them in the undisturbed organ. But still more in opposition to Prof. Wright are the cases where the product of conception was destroyed but not expelled.

If anything can be proved these experiments most assuredly demonstrate the direct and positive influence of ergot on the gravid uterus of the animal. They could be largely increased, but I do not wish to tax the time of the academy further on this part of my subject.

On man the influence of ergot is most manifest. The use of food in which ergot abounds produces a series of symptoms which have been grouped under the name of ergotism.

Epidemics of this are described as early as the year 1096. Two forms of disease are produced, the spasmodic and the gangrenous, both of them largely fatal.

The moderate use of ergot by man gives rise to colic, nausea, vomiting, salivation, diarrhœa, fullness of the head, dilatation of the pupils, vertigo, headache, etc.

Dr. HOOKER, of Conn., gave oil to a medical student. The first dose gave "a heavy and confused feeling in the head, and nausea, like sea-sickness, general languor and lassitude, constant spitting and vivid flashes of light before the eyes. Under the second dose there were, in addition, painful rigidity of the muscles, lassitude, lividity of the skin, dilated pupils and a heavy countenance. Under the third dose there was, beside these symptoms, diuresis.

STILLÈ says, "the power of ergot to lessen the pulse is unquestionable." In Dr. Hooker's case above quoted the pulse fell from 82 to 30 and the respiration from 19 to 8. In febrile affections, it has been reduced in five hours, to thirty-six beats.

It is urged by some that it is a valuable agent in leucorrhea, gonorrhea, paralysis, whooping-cough, impaired vision, hysteria, spermatorrhea, etc., etc., but in these and similar affections I have not used the remedy, and I do not propose to give in this paper what would be merely the observation of others without adding observations of my own.

Its influence on the *cerebro-spinal system*, is indicated by its producing a sense of weight in the head, delirium, dilatation of the pupils, and stupor. On the circulatory system its action in reducing the pulse has already been referred to, but the point to which I wish to call the attention of the Academy is the virtue of ergot in parturition. My experience with it has been almost solely confined to its exhibition in protracted, tedious labor.

1st. To increase the expulsory efforts of the uterus in protracted or lingering labor.

2d. To hasten delivery when the patient is endangered by some alarming symptom.

3d. To promote the expulsion of the placenta when its detention depends upon a want of contraction of the uterus.

4th. To promote the expulsion of the sanguineous clots, hydatids and polypi from the uterus.

5th. To restrain uterine hemorrhage whether puerperal or non-puerperal.

6th. To provoke abortion and to promote it when this process has commenced and is accompanied with hemorrhage.

7th. Leucorrhea and gonorrhea on the presumption that it has a peculiar effect on mucous membrane.

8th. In hemorrhages generally.

9th. Amenorrhea.

Dr. STEARNS gives us five conditions for its use:

1st. In lingering labor where the child is low and the parts relaxed; the pains absent or feeble and there is danger of delay from hæmorrhage or other alarming symptoms.

2d. When the pains are suspended and convulsions set in.

3d. Inevitable abortion.

4th. When the placenta is retained by uterine inertia.

5th. In post partum hemorrhage, under like circumstances.

EFFECTS ON THE CHILD.

What are its effects on the child? This is an important question, and upon its solution the most careful observation and the most candid relations should be made. With a limited experience Dr. HOSACK pronounced ergot the *pulvis ad mortem*, on account of its destructive action upon the child.

Dr. HARDY of the Dublin Lying-in Hospital stated in a paper in 1844 that ergot diminished the pulsations of the fetal heart, and stated that if the pulsations were irregular and below 110 the child was seldom saved.

Dr. CHAPMAN says in his elements of Therapeutics that in two hundred cases occurring in the practice of Dr. Dewees, Dr. James and himself, no deleterious effect whatever was produced on the children.

Dr. BEATTY of the Royal College of Physicians, Ireland, thinks that if the labor be protracted more than *two* hours after the exhibition of ergot, the child will be lost.

Dr. STORER assures us that "he never knew deleterious effects to be produced by ergot, when its admistration was clearly indicated."

We might continue this part of our subject farther and give the experience pro and con of distinguished members of the profession here and abroad, but time forbids, and we will close this section by repeating and endorsing the remark just quoted of Dr. Storer, "deleterious effects" do not follow when the administration is clearly indicated.

EFFECTS ON THE MOTHER.

It has been accused of doing great damage to the mother. Of provoking convulsions, of causing laceration of the perineum and os uteri, of inciting hourglass contractions, of favoring retention of the placenta, and protrusion of the uterus, and begetting delirium, coma, and muscular rigidity; but in my practice none of these accidents have attended its exhibitions.

WILL IT PROVOKE ABORTION?

Will it effect the gravid uterus before labor has begun; in other words will it bring on labor? With all the evidence already referred to, which the experiments on animals furnishes, we incline to the opinion of Monsieur Dangan, when he says: "We do not believe that independently of labor, of direct manipulation, or of some other external influence, that ergot of itself can excite uterine contractions during the first half of pregnancy."

Pareira, and others of equal celebrity, however, conclude that it will produce excitement of the uterus at any stage of gestation.

TESTIMONY UPON THE POSITIVE POWERS OF ERGOT.

BROWN-SÉQUARD, found it a "special stimulant of the unstriped involuntary muscular fibres wherever found," and says, he "observed the vessels of the pia mater contracted under its influence. Its power over the capillaries in all parts of the body—over the heart, stomach, bladder, intestines, and uterus—is marked."

Dr. MEADOWS speaks highly of its "remarkable power in certain uterine affections, as in subinvolution, chronic metritis with hypertrophy, diseases of mal-nutrition, in all of which there is increased vascularity of the organ, of a passive congestive kind, producing excessive discharges of mucus or blood, and characterized by increased bulk of tissue.

"In these ergot acts beneficially by lessening vascularity, by diminishing the caliber of the vessels, and inducing a state of tonic contraction of the uterus itself; improving the nutrition of the organ, and imparting to it a

firmer and healthier tone. Amenorrhœa, leucorrhea and menorrhagia dependent upon uterine atony call for the administration of ergot."

RAMSBOTHAM says: "I have no hesitation in declaring my opinion that its action is *specific*; usually there is no more influence perceptible in the general system than would be observed after taking a cup of tea; but its effects upon the uterus in labor are often speedy, powerful, and astonishing. Its action, and the pains induced through its agency, differ materially from the ordinary throes of parturition, so that it is possible in many cases to discriminate them as being actually produced by the drug itself—they are stronger and more constant than the common pains of labor. When the ergot has obtained a full power over the system, the uterus will frequently act without any decided intermission for many minutes together—there being only a slight remission observed—no interval of perfect ease." He is so well convinced of its action on the uterus, that he says: "Its exhibition must not be thought of in any case where a disproportion exists between the head of the child and the pelvic cavity; we should incur great danger of inducing contusion, inflammation, and laceration. Neither must it be given where there is any disposition to rigidity of the parts—either the os uteri, the vagina or the perineum—through fear of the same dangers."

DEWEES says: "Its action appears to be *specifically* on the uterine fibres, urging them sooner or later to more or less violent contraction. It is not alone the alternate contraction that is increased; the tonic is also powerfully augmented, which is of much more value since it can, in consequence of this power, be most advantageously employed in many cases where this effect would be all-important.

"Nor are its powers confined to the human uterus; it acts with equal and similar efficiency upon the uterus of the brute. We are told that it is familiarly used near Lyons to aid parturient cows." He further says, "I have the most firm reliance upon the powers of the ergot; and the character of its action is so distinctly marked, that a very little observation will lead us to detect it, and its characteristic action is so well defined that I am always able to distinguish the cases of coincidence, from those in which ergot was decidedly operating."

CAZEAUX speaks of it as a heroic remedy in hemorrhages from the uterus, and says its action at the present is too well ascertained to permit it to be any longer called in question.

MILLER says: "It seldom fails to excite powerful uterine contractions which promptly expel the child, if all the requisites for an easy delivery exist." From its power to keep the uterus in a state of *constant contraction*, he deprecates its use as being injurious and actually dangerous to both mother and child, if the parts be not well relaxed.

BEDFORD speaks favorably of it in hemorrhage after abortions, and says it "arrests hemorrhage in a two-fold manner. 1. By producing contraction of the blood-vessels. 2. Contraction of the muscular structure of the organ," "and when inertia of the uterus can be traced to a want of nervous power, an efficient remedy will be found in ergot."

CHURCHILL recommends it in abortions or premature labor, to "excite the uterus to action."

He says in tedious labors: "where all obstructions to the action of the uterus is removed, we have next to seek some agents which shall act *directly* upon the uterus, and that most reliance is placed upon ergot." From repeated trials he can bear witness of its efficiency in such cases, but adds that he has "seen it do mischief"—producing "cerebral disturbance in different degrees, from a severe headache up to a delirium, coma and insensibility." He has witnessed its deleterious effects upon the child, from some poisonous influence indirectly exerted upon it or by the greater pressure of the uterus upon the cord; he is inclined "to the latter mode of explanation," as it produces an almost incessant uterine action.

In cases of retention of the placenta—the result of inertia of the uterus, accompanied with hemorrhage, he has given ergot with the best effects, causing "spontaneous expulsion" of the after birth, at the same time that it effectually guards against hemorrhage.

In hemorrhage after delivery, he speaks of ergot as being "very beneficial," and says, "in all cases where, after a previous labor the patient has suffered from hemorrhage, I am in the habit of giving half a drachm of the ergot immediately after the birth of the child. By this means I have rarely failed to protect the patient against a repetition of the accident."

MURPHY, says, "in tedious labor, where the pains have become feeble, and the patient ex-

hausted, ergot may be given in a cautious manner; carefully attending to its influence on the pulse, and especially on the circulation of the child."

In uterine hemorrhage, from placenta prævia where there is no nervous irritation, he says, "a moderate dose of ergot will be sufficient to ensure an efficient action of the uterus." And speaks of it, in some instances, as having produced rupture of the uterus by its powerful action on that organ, and hence he urges great caution in its use from its well known effects on both mother and child.

UTERINE DISPLACEMENTS.

By F. K. Baily M. D.

Of Knoxville Tennesse.

Was called June 19th 1868, to visit E. H., a woman about 28; white, native, West Virginia; bilious nervous; tall and thin, with a haggard countenance. Had a child at the age of 14 a boy, and now living. "Has miscarried frequently since, but never went to full time."

Stated that in February last, she miscarried at three months, and since has suffered much from "pain in the back and bearing down." On further inquiry, I found that she felt severe pain on attempting to evacuate the bowels, with a sensation as if something was obstructing the "passage." For sometime she had evacuated the bowels only after taking full doses of epsom salts.

On making a digital examination per vaginam, found the uterus low down, with the os situated anteriorly, and the organ completely impacted and immovable.

Ordered an enema to evacuate the rectum, with a Dover's Powder at bedtime.

20th called and found that the enema had brought away a quantity of fecal matter, but with no abatement of the distress in the sacral region. On introducing a speculum found the cervix much enlarged and inflamed.

The os was so much crowded to the anterior wall of the vagina, that it was with difficulty brought to view. The mucus surface was much congested, and a copious discharge of muco-purulent secretion flowing from the uterus. The fundus was felt firmly fixed, and so sensitive that a touch caused pain.

After wiping out the discharge from the os, I passed a pencil of nitrate of silver as far as possible within the cervix. The line of direction was so changed that it was difficult to pass it more than an inch.

Directed her to lie upon the face as much of the time as possible, and especially to assume that position when the bowels were moved.

Prescribed as follows:

℞. Extract. sarsa. comp., f.℥ij.
Iod. potassii, ʒij.
Sig.—Teaspoonful three times daily, with six gr. pulv. Doveri and two of sulph. quiniæ, at bedtime.

21*st*.—Found slight improvement. There has been a copious flow of mucus from the uterus, and the cervix appears less congested. Impaction of the fundus continues. There is still so much tenderness, that an attempt at reduction causes great distress.

Reapplied arg. nitratis, and continued the mixture.

23*d*,—Much less pain in the sacral region, with a further reduction of the size of the cervix. Fundus still fixed. Flow of mucus very free. To continue treatment.

26*th*.—Found the uterus so much reduced in size as to admit of being pushed upward from the rectum. Still a copious discharge from the os. Cervix soft and flabby.

To continue sarsa. and iod. potassii, with quinine and citrate of iron.

30*th*.—Patient able to ride out, but looking very pale. Advised the continuance of iod. potassii with iron.

From this time I saw no more of this woman until March 20th, 1869, when I found that she had miscarried again and was flowing freely. The distress at this time was referred to the fundus of the bladder, with a constant desire to urinate. On introduction of speculum found the os uteri in the hollow of the sacrum, and as difficult to observe as before. Not having advanced so far in pregnancy at this time, the womb was less in size, but there was the same fullness and hardness of the neck. From loss of blood there was a good deal of exhaustion, which required the use of stimulants. Applied nit. of silver, and gave tonics freely. In about a week the displacement was obviated, and the os restored in situ. A bloody mucus continued to pass away for sometime.

The habit of aborting frequently seems to have become confirmed, for in July she called upon me to visit her, when it was found that a fœtus of six weeks had escaped, but without any flexion of the uterus.

There was copious flow of blood and mucus, and I applied nitrate of silver, passing the

stick within the cervix. The menorrhagic flow continued for some time, and it was about a month before she was able to be about the house.

She took tincture muriate of iron, with sulph. quinine, for a tonic. As late as September there had been occasional accessions of menorrhagia, and as I have heard nothing from her since, it is probable that conception has again taken place.

I think it is the experience of medical men generally, that not only the obliquities to which the uterus is liable, but also prolapsus, are the result of engorgement or congestion. In this locality, uterine displacements are quite common, and found in all classes.

The colored women are very subject to such troubles, attended with increased flow of menses. Many of these become pregnant immediately after puberty, and grow up with a child either at the breast, or "in utero." Undue exposure, and hard work, coupled with imprudent conduct at successive periods, produce more or less disturbance of the womb.

That organ is never at rest long enough to admit of its resuming its normal size. "Falling down," then, from weakened and continued weight is a legitimate result.

In all such cases there will be found on examination with a speculum, a flow more or less copious from the os uteri, the mucous membrane of which is in a state of turgescence. There is no inflammation, but a condition of passive congestion, to relieve which the leucorrheal discharge is secreted. The condition of mucous membrane is considered an important diagnostic mark in determining the state of the system. That appearance of the tongue and fauces, commonly known as flabbiness, is an indication that a supporting and alterative course is demanded. Where we find a flabbiness of the lining coat of the os uteri, it is conclusive the whole organ is diseased. Tonics and tonic alteratives, will, by restoring the general health, and causing an absorption of the hypertrophied uterine substance, cure leucorrhea, and reduce the whole organ to a size and weight, which the ligaments can sustain.

To accomplish this I know of no medicinal agents more useful than iodide of potassium, with some preparation of iron, and cinchona in some of its forms.

The following came under my observation, which are typical of what are very commonly seen.

Case 1st. Sometime in June 1868, a colored woman 45 or older, came to me complaining of having whites after the usual menstrual flow. For some months the "courses" had been too free, and lasted from ten to fifteen days. Then the mucous discharge would continue till the next period.

On examination with the speculum, found the lips of the os very much thickened, and the whole cervix enlarged. The os was very patent, and a thick yellow discharge pouring out.

The whole organ was prolapsed, and rested upon the posterior wall of the vagina. The fundus although not impacted was thrown forward.

The woman was large and tall, of a gross formation, with a general flabbiness of the muscles. The tongue was covered with thick, yellow, and very soft fur. The pulse was soft and sluggish. Continuous loss of blood had rendered her weak and languid.

I applied a pencil of nitrate silver to the lips of the os, and carried it the whole length into the cervix. There was no soreness at all in the parts touched.

Prescribed iodide of iron with quinine, and directed her to call every other day. This course was pursued till the next menstrual period, at which time there was less menorrhagia. When it ceased, I again applied the nitrate, once in four or five days, and continued the tonics.

In two months she was completely cured and has not complained since.

Case 2d.—Adeline, a mulatto, aged 35 and mother of several children, began in the spring of 1868, to lose blood freely when "unwell".

A year previous she had an attack of pleuro-pneumonia, which resulted in an adhesion in the left side of the chest, and attended with severe pain and cough.

At the menstrual periods the cough and pain in the side were aggravated, with a copious expectoration of muco-pus. The os was very red, sore, and considerably open, and there was considerable prolapsus of the organ.

A similar course was pursued in this case, with a favorable result. The menorrhagia continued to recur monthly for five or six periods, before it entirely ceased.

She is now enjoying good health, with the exception of the pleuritic affection.

Case 3d.—In October last I was consulted in a case, when on examination, the neck of the womb was at least two inches external to the vulva. One half of the cervix was swollen to the size and shape of half an orange.

The patient was 22 years of age, white, tall and gross in every way.

Stated that she had a child five years before, but it is not now living, and that the womb has been down ever since. Attributes it to violence used by a midwife at her confinement.

I have had no opportunity to attempt a cure in this case; and she goes about town with the uterus liable to protrude, as I have stated.

The above are only a part of the cases which have come under my notice in the last 18 months.

A frequent cause of engorgement of the uterus here, is the prevalence of dysmenorrhea. All classes of young females are subject to painful menstruation. The pathological condition seems to be rheumatism of the uterus. Each recurring of the period which is attended with inordinate pain, causes more or less determination of blood to the organ, and slowly and almost imperceptibly there is increased size and weight as a result.

Dysmenorrhea is attributed by many to the increased menstrual secretion which cannot escape by reason of a narrow cervix. The pain is considered as expulsive. This may be true in many cases, but I have met with numerous instances of married women who have borne many children, who were as great sufferers at the menstrual period, as can be found.

They began to suffer from puberty, and through life menstruation is painful.

Iodide of potassium, the alkalies, with alteratives, will afford relief in such cases as readily as in rheumatism of the joints or other tissues.

Rheumatic dysmenorrhea is very common in an aggravated form during the winter months, when the ground is scarcely ever frozen, but damp and chilling most of the time.

The colored women are particularly subject to dysmenorrhea. From their careless and improvident habits, and the fact that their dwellings are uncomfortable, they suffer exceedingly in winter from "catching cold." The frequent occurrence of consumption among them is attributed to want of due care at the monthly period.

Hospital Reports.

PHILADELPHIA HOSPITAL.

January 12th, 1870.

Clinic of F. F. Maury, M. D., one of the Surgeons to the Philadelphia Hospital; Lecturer on Venereal and Cutaneous Diseases in the Summer School of Jefferson Medical College, etc., etc.

Reported by Hermann W Newcomb.

Primary Syphilis- Inoculation.

The first case I show you this morning gentlemen, is one that was before you at our last meeting; and which I shall designate as case No. 1 of January 5th. (Vid. Med. and Surg Reporter for January 22nd, 1870. H. W. N.) You will doubtless recollect, that at the side of this man's frænum there existed a sore, the characteristics of which I then detailed to you, and which I regarded as a soft, inoculable or so called non-infecting chancre. You will also recollect that in order to remove all doubt as to the nature of the sore, I inoculated the patient upon the thigh with matter taken from the ulcer upon the penis. I call your attention to the result of that inoculation. When the puncture was made, there was formed a firm, thick scab or pustule, distinctedly elevated above the surrounding skin, and having a broad indurated base, feeling like a split pea beneath the integument. Should the scab be removed, there would be brought into view, a ragged ulcer with steep well defined edges, and a bottom covered with grayish aplastic lymph. In a word, we have produced a typical chancre. Thus proving conclusively the specific nature of the sore on this man's penis, a point upon which there was some doubt, until I availed myself of this aid to diagnosis. I have therefore given you an illustration of the value of inoculation, and I reiterate my former statement; that the procedure is a justifiable one, and should be resorted to in all doubtful cases. It only remains that we should destroy this artificially produced chancre. For this purpose I shall employ the carbo-sulphuric paste, a preparation first introduced to the notice of the profession by Mr. Ricord. It is the favorite caustic of that eminent syphilographer, and is certainly a most effective and powerful escharotic. Its mode of preparation is simple, consisting merely of the addition to ordinary willow charcoal, of a sufficient quantity of strong sulphuric acid to make a paste. It should be prepared in a vessel upon which sulphuric acid has no effect, and if made in any quantity should be kept in a glass or porcelain capsule well protected from the air. When you wish to apply it, make use of a small glass rod, being careful to remove any redundancy of the paste. Bear in mind that it is a very energetic agent, and extends its influence to tissue considerably beyond the immediate site of its application. I think you will find it a more

painful caustic than acid nitrate of mercury, though it ceases to give any inconvenience after the expiration of an hour or two.

You will recall to mind that this man had no constitutional treatment. His chancre was touched with acid nitrate of mercury, and beyond directing *cleanliness*, rest, protection from cold, and nutritious food, nothing was done. That there this is a marked improvement in his condition must be apparent to all of you. The chancre is almost healed; the bubo that threatened to form in his groin has disappeared; and the patient pronounces himself decidedly better in every respect. You see how much good has been wrought by a few simple directions. Continue the treatment.

The next patient is case No. 2 of our last clinic. He had an indurated chancre, and in his groin was a chain of enlarged lymphatic glands. I put him upon mercurial treatment for reasons I then stated to you. As a result of the treatment, the bubo no longer exists. The chancre has lost much of its induration and is almost healed, and the man declares himself stronger and in better spirits. The treatment will be continued, though as the case progresses the dose of mercury will be gradually reduced.

I next direct your attention to a case you have not seen before, the history of which is the following:

Two weeks since, and five days after intercourse, a chancre made its appearance upon the prepuce. Nitrate of silver was applied, which, however, did not prevent the formation of two more chancres in immediate proximity to the first, nor the rapid development of a bubo in the left groin.

These are the points in his case most worthy of note. The man, you will perceive, has a very long foreskin, which always serves most admirably to entangle within its folds the virus of venereal disease. When this is taken into consideration, together with the significant fact that nitrate of silver alone was applied to his chancre, it would have been remarkable had he escaped that from which he now suffers. Just above Poupart's ligament you perceive what is termed a suppurating bubo. The skin is discolored, fluctuation is distinct, and the pus contained in the tumor pleads most eloquently to be released; an appeal to which I shall respond in a few moments. In opening buboes, gentlemen, always give free vent to the pus by a generous incision. You are usually instructed to make your incision in the line of Poupart's ligament, but I think a vertical incision preferable. In the latter, drainage is more readily effected, and the lips of the wound are more readily kept asunder, and then there is less chance of "bagging." The instrument to employ is an ordinary curved bistoury, and if the operation is properly performed, there is no necessity for chloroform or ether. I am strongly opposed to giving anæsthetic agents for simple operations, and never do so when I can avoid it. Of course, if you poke a knife into a bubo, and see-saw leisurely up and down, you give intense agony, but with one rapid sweep of your bistoury, thus, (the bubo opened—H. W. N.) you can make the requisite incision with little more than momentary inconvenience to your patient. The operation is really done before the patient knows it. The pus of these buboes is always highly inoculable, and great caution should be observed, for the smallest appreciable quantity coming in contact with an abraded surface, however slight, would inevitably be followed by the evolution of a chancre. You see I have made quite a gap in this man's groin, but it is none too large. The cavity exposed by my incision, after being evacuated of the pus contained, will be thoroughly painted over with a solution of acid nitrate of mercury. in the proportion of one part of the acid to five of water. Discharge will be favored by a poultice, and if "bagging" take place, it will be remedied by free incisions.

The chancres upon the penis will be dressed with charpie soaked in a solution of Carbolic Acid, in the strength of fifteen drops to the ounce of water. The general treatment will consist of cleanliness, rest in the recumbent posture, good diet, and anodynes to relieve pain. That this man will have secondary syphilis, I am firmly convinced and the form it will assume, probably some of you will have the opportunity of witnessing. According to the theory of the "Dualists", secondary syphilis never follows upon soft chancre. But this teaching is contrary to my experience, for I am positive I have seen severe constitutional involvment result from unmistakable soft chancre. There are a thousand causes that influence the propagation of syphilis and exercise a modifying control over the phenomena of its evolution, and I think it far more rational and consistent, to consider that constitutional peculiarities, and circumstances under which the disease is contracted, give rise to varied manifestations, than in the face of chemical and pathological laws, to endeavor to maintain that there are two separate and distinct poisons of the same disease, each possessing attributes peculiar to itself. I am, however, open to conviction, and when the fallacy of the doctrine I advocate is shown, I shall gladly acknowledge my error. Until then, I shall reject as unscientific a theory in such violent opposition to all the known laws of disease. The doctrine of unicity is daily gaining ground, and is taught by such men as Sigmund of Vienna, Cullerier of France, Gross of America and Bœck of Norway. Men whose names are as familiar as household words. Theoretical discussions are out of place in the clinic room, and I merely make mention of these disputed questions in order that you may the better understand the cases I bring before you, and the points involved in their

discussion. And if you will but recollect, that the same poison lurks in soft and hard chancre, and that the same poison gives one man a simple roseola, and another man rupia, and that in one instance it may explode with destructive violence upon nearly every tissue in the body, and in another, lurk in the system for many years without giving an intimation of its presence, I shall not regard my digression as a fruitless one.

Stricture of the Urethra.

I terminate my clinic by presenting a case of stricture of the urethra, upon which I shall operate. His history is briefly as follows:

John M. D., æt. 31. In 1857 had gonorrhœa for the first time, and was cured without injections. In 1858 suffered from a soft chancre and bubo, and the year following contracted indurated chancre and also gonorrhœa. In 1862 he again had gonorrhœa, and in 1868 he contracted the disease again. Symptoms of stricture were noticed for the first time in March, 1869. The patient had frequent calls to pass his water, which was accomplished with difficulty; much effort being requisite to evacuate the contents of the bladder. The stream of urine was diminished in size, irregular in form, and could be projected but a slight distance.

Upon examination I find a stricture somewhat anterior to the membranous portion of the urethra. Yesterday it was with difficulty that a filamentous bougie could be made to pass the seat of obstruction, but slight relaxation has taken place, and the constriction is not so great to-day. I first take a penal syringe with a long nozzle, and filling it with oil, pass it gently into the urethra until it meets an obstruction. The syringe is then gradually emptied of its contents, thus lubricating not only the entire surface of the urethra anterior to the seat of stricture, but probably a considerable portion posteriorly, for more or less of the oil is sure to find its way through the stricture. This is a practice I invariably adopt in my operations for stricture, and one from which I conceive I derive advantage. It facilitates the introduction of instruments greatly, and is a valuable aid in all manipulations that you may institute within the urethral canal. I next take an instrument known as Holt's "Stricture Dilator," which consists of a sound of a calibre about equivalent to an ordinary No. 3 catheter, which is split nearly to the extremity and encloses between its blades a directing wire, the latter serving as a guide for a number of staffs, by which the stricture may be forcibly ruptured or gradually dilated. The sound is warmed, well oiled and then gently passed into the urethra, and if possible, insinuated beyond the seat of stricture until it enters the bladder. Having got the instrument into the bladder, you select one of the larger staffs if you wish to rupture, and fitting it upon the directing wire thrust it forcibly home. If you wish to dilate instead of rupturing, you pass the staffs successively, beginning at the smallest. There is a modification of Holt's instrument by Weiss of London, which I prefer. The only difference consists in the directing wire being so arranged as to prevent the possibility of the staff leaving its groove, which, however, from obvious reasons is an important desideratum. All manipulation in the urethra should be conducted with extreme gentleness and caution, no surgeon being ever justifiable in resorting to the least degree of violence. In my opinion perineal surgery requires as great delicacy and tact as does the surgery of any region of the body, not excepting the eye. Operations about the perineum, if judiciously performed, will yield satisfactory results; but there is no portion of the human frame more prompt in vigorously resenting ill-advised or awkward interference than this, a fact you will do well to bear in mind.

In regard to the operations for stricture, that with Holt's Dilator in my judgment is incomparably better than any other, when the stricture is permeable and uncomplicated with fistula, etc. With the exception of Dr. Bumstead of New York, I have probably used the Holt instrument as often as any man in this country, and my results have been uniformly good. I always employ it when possible, and I have yet to see its use followed by an untoward symptom. The after treatment of the patient just operated upon, will be the same I institute in all my cases, consisting merely of quinine in ten grain doses, in conjunction with morphia. A bougie of a calibre corresponding with the capacity of the man's urethra, will be passed daily for the present, less frequently as the case progresses.

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the Medical and Surgical Reporter.

At a regular meeting of the Society, held in the Library Room of the Hospital on the evening of December 22d, 1869. 1st Censor, Dr. E. B. Mosely, in the Chair.

PATHOLOGICAL SPECIMEN.

Dr. H. C. Hand presented specimens of a heart, kidneys and intestines, with the following report:

The subject, a female, aged 28 years, and the mother of five children, was admitted to the Medical Wards Nov. 11, 1869. She complained of swelling of the feet, which had begun in the sixth month of her last pregnancy, her last child being six weeks old. The swelling, which was at that time accompanied with a prickling sensation, ceased until after delivery, when it returned with a cough and difficulty of breathing. At the time of her admission into the house she had also cardiac disease, with a systolic murmur at the apex. There was

frequency of the alvine evacuations. Her urine, sp. gr. 1030, contained albumen and granular tube casts. After admission she had great fever, and increased cardiac trouble, with various murmurs, also severe dysentery. She died suddenly and without convulsions Dec. 27th, 1869. The kidneys presented, together weighed 12 ozs. The capsule was adherent, but not thickened nor opaque. Substance firm, cortex pale, cones dark red. Iodine test developed several points of amyloid degeneration. Microscopical examination showed the tubules filled with epithelial tube casts, and in places dilated. Blood vessels showed slight amyloid degeneration. In one kidney a fibrous mass, the size of a shellbark, was found involving the cortical and tubular structure. On section the mass was interspersed with closely packed epithelial cells. The heart weighed 19½ ozs. The pulmonary valves were injected in patches and were slightly opaque. Tricuspid valves were slightly thickened, reddened and edematous on the edges. Mitral valves contracted, hardened and insufficient. On the upper surface was an irregular calcareous mass, somewhat larger than a pea in size. The aortic valves were thickened and rolled up like tea leaves. They contained small hard nodules. Endocardium was thickened in places especially in the ventricle, opaque.

The lower portion of large intestines, near sigmoid flexure, was extensively ulcerated, and the calibre of the gut greatly diminished. Liver and spleen were slightly amyloid.

Dr. S. Henry Dessau presented a report of a case of

Lumbar Abscess

Of five months formation, occuring in a negro man, 45 years of age, which was opened subcutaneously and terminated fatally two months afterwards. Soon after the abscess was opened the patient's fecal evacuations became loose and frequent though there was no blood or mucus in the stools. Various kinds of astringent remedies failed to arrest the complication. The diarrhœa ceased twenty-four hours before death. The discharge from the abscess which had continued profuse was also greatly diminished.

A post-mortem examination sixty hours after death, revealed a cavity beneath the skin in the left lumbar region, extending downward through the three leaflets of the lumbar fascia into the abdominal cavity, and communicating by an ulcerated urface with the posterior wall of the lower portion of the descending colon, behind the peritoneum. The gut was perforated at this point and contained a quantity of a light colored and fluid substance, resembling pus. The posterior portion of the crest of the ilium of the left side was exposed, and softened, also the transverse process of the fourth lumbar vertebra of the same side. The perforation was supposed to have occurred at the time the external discharge from the abscess became diminished. The points of interest in presenting the case were the persistent diarrhœa caused by the contiguous inflammation of the abscess, involving the outer coats of the intestine first, and the subsequent discharge of the abscess into the intestinal canal.

Typhoid Fever

Being the subject for discussion, Dr. Dessau mentioned five cases, coming under his care while in the men's medical wards. Two of the cases were uncomplicated, the others became convalescent with the sequents of chronic diarrhœa, subacute bronchitis and albuminuria, respectively. The case of albuminuria was only an exaggeration of a former trouble. All terminated favorably, and have since been discharged from the house. The general plan of treatment followed in these cases was the administration of diffusible and alcoholic stimulants, with nutritious fluids, such as milk and beef essence. Where tympany became troublesome, spts. chloroform internally and turpentine externally were used, also turpentine enematas. Turpentine was depended upon as the most powerful diffusible stimulant, though in one case carbonate of ammonia was given, for a short time, during a critical period. When the tongue had become moist and delirium had ceased, tr. chloride of iron with Quinia was used. No originality was claimed for this treatment of typhoid fever it being adopted as the American treatment.

Dr. John C. Hall mentioned a case coming under his care in the Women's Medical Wards, in which a large bed sore occured quite suddenly; the case terminated favorably.

Dr. Jas. S. Houstoun mentioned a case occurring in the practice of one of his friends, in which the patient, a man, jumped from a third-story window, thirty-seven feet high, to the ground, during a fit of delirium, in the second week of the disease. Though severely stunned by the fall, yet no symptom of the original disease was apparent nor returned after the accident, and the patient recovered promptly, as soon as he had rallied from the shock.

Dr. Hand referred to a well-marked case, lately under his charge, in which an abortion occurred in the first part of the third week of the fever. Seven days after the abortion, the patient passed from the vagina a quantity of offensive membranes. On that evening her temperature was 107° F., the next morning it fell to 97°F. and was increased 3 4-5°F. the same evening. Afterwards her temperature did not rise above 100°F. Her recovery from that date was rapid.

Dr. Mears offered some highly interesting remarks upon the various theories of the pathology of Typhoid fever. Amongst others, he referred to the late ideas advanced on this subject by Dr. Jno. Harley, of London, as given in his article on that disease, in Reynolds' System, vol. 1., p. 585.

Editorial Department.

Periscope.

Chronic Diarrhœa.

Dr. S. Montgomery, in the *Med. Archives* has the following judicious remarks on this disease:

It is very requisite that the patient should avoid all bodily fatigue. When able, a little exercise in the open air may be useful; but rest is indispensable until convalescence is fully established. Peace of mind is equally necessary.

The patient should, if possible, be in a high, dry, salubrious atmosphere, the apartment large, well ventilated, and comfortable. The clothing should be warm, with flannel next the skin, or even a flannel roller around the body. The diet and drink should be allowed in small quantities, eaten or imbibed slowly, and of the most mild and unirritating description. The thirst, which is generally craving, should be gratified with small quantities of toast, rice, or barley water, mucilage of gum Arabic, or carrageen. Spirituous or fermented liquors are contra-indicated, except in cases of great relaxation or prostration, and where no inflammation is present. The food should be such as will be easily digested, and that will leave but a small residue to pass off by alvine evacuation; boiled rice, with a little loaf sugar and good sweet milk, or eaten with a little beef or mutton carefully cooked, or with beef or mutton soup, or a little good stale bread or crackers, may be occasionally substituted for the rice; but a very limited variety and small quantities of food only must be allowed, and a long and strict surveillance must be kept on the patient if we hope to obtain a permanent and perfect convalescence. Tapioca, arrow root, sago, and even a small quantity of fresh, ripe fruit, in proper season, will sometimes agree with our patient; but the golden rule is to drop everything which seems to disagree, and persist in the use of that which seems to suit the peculiarity of the disease, and the idiosyncrasy of the person.

A large list of medicines has been recommended in this digease, but opium is the *sine qua non*, the indispensable adjunct to all the others. Whether we give camphor or catechu, kino or krameria, simaroba or oak bark, log wood or galls, geranium or dewberry, nitrate of silver or sulphate of copper, oxide of zinc or sugar of lead, bismuth, or chalk, opium in some form must enter into the prescription, or the remedy will probably fail; but we must be careful to allow only enough to allay irritation, and on this account the best way is to combine a very small quantity with the remedies given, and if more is necessary let it be administered alone as circumstances require. I believe it will be found that in this disease the solid opium, the common tincture, the acetum opii or Battley's sedative, will be superior to any of the alkaloids. Early in the disease, if the patient is not too young, too old, or too feeble, the application of a few leeches to the anus will do much good, but in a great majority of the cases they will not be necessary, the irritation and inflammatory action in the lower intestines being easily and happily subdued by a few small doses of opium, ipecacuanha and blue mass or calomel, with cold water injections containing a little sulphate of morphia or sulphate of zinc, or the acetate of lead and tincture of opium.

In cases depending on diseases of the liver, spleen or pancreas, after one or two doses of the mercurial above referred to, strychnia and bismuth, or nux vomica with zinc are appropriate remedies; about one-twentieth part of a grain of strychnia with from twenty-five to thirty grains of the subnitrate or carbonate of bismuth may be given three times a day, or from half a grain to a grain of the extract of nux vomica, with from three to five grains of oxide of zinc, three times a day. It may be found necessary to give a little opium with these, but it will be better to give it alone as circumstances may demand. I have great confidence in both zinc and bismuth in diarrhœa, the former I think is far too seldom used by the profession, and it is often very impure as found in our drug stores, and the latter is rarely given in sufficient doses to effect the desired result.

In cases where ulceration of the intestinal membrane exists, the sulphate of copper and the nitrate of silver may be found very useful. These should be given in the form of pill, combined with a little opium. One of the most obstinate cases I ever saw, a case which had been treated by some of the best physicians of Phila delphia and of St. Louis, was finally cured by the persevering use of the following pills:

℞. Strychniæ, gr. j.
Pulv. cupri sulphat., gr. iv.
Pulv. opii, gr. iv.
Bismuth. subnitrat., ʒiv. M.
Ft. mass, secund. art., et divid. in pil. no. xl.
S. 3 pills every night and morning.

If there is much tympanitis and the evacuations very fœtid and disagreeable, one of the following prescriptions will prove very beneficial:

℞. Creasoti, gtt. x.
Ol. terebinthinæ, f.ʒij.
Syrup. aurant. cort., f.ℨj.
Mucilag. acaciæ, f.ʒv. M.
S. A tablespoonful every four hours.

Or,

R. Acid. carbolic, gr. x.
Zinci oxid., gr. xxx.
Pulv. acaciæ, q. s.

Fiat mass. in pil. no. xv, dividenda.

S. One every 4 hours.

If the discharges are starchy, a little of the liquor potassæ, bicarb. potassæ, vel sodæ may be advantageously given in a wineglasful of the decoction of quassia, simarouba, artemisia, absinthium, or rubus villosus, or an infusion of calumba root. On the other hand, if the alvine dejections are albuminous, the nitric or nitro-muriatic acid may be given in either of the above infusions or decoctions.

In chronic diarrhœa of children two to five years of age, I have had great success with powders of the oxide of zinc, containing a very small portion of powdered opium, given night and morning, and an occasional drink, during the intervals, of the decoction of logwood or dewberry, both of which a child will drink very freely if a little flavored and sweetened.

In women during lactation the tannin, oxide of zinc or bismuth will be found most valuable remedies. The bismuth I prefer giving in the form of powder with gum arabic, 25 or 30 grains of each three times daily, the zinc in the form of pill, and the tannin in solution. I have also great confidence in the astringent tonic dococtions and infusions, both in restraining the wasting profluvia, and in giving tone and healthy action to the whole alimentary canal. The principal objection to them is the bulk and bitterness of the dose, but the former defect can be remedied by using the concentrated fluid extracts now so well prepared by many of our pharmaceutists.

Reviews and Book Notices.

NOTES ON BOOKS.

In an annual address before the San Francisco Medical Society, delivered last November, and published by direction of the Society, Dr. HENRY GIBBONS discusses at considerable length, and with his characteristic good sense, those questions of marriage, fœticide, "prudential restraints," and so forth, which are now so widely mooted.

Dr. A. NEWMAN, of Lawrence, Kansas, has instituted a comparison of the mortality from disease in armies with that of men of military ages in civil life, showing the groups of diseases chiefly concerned in causing the excess of mortality in armies. He concludes that the sources of the greater mortality in service are chiefly bad food and bad air. We recommend this essay as one carefully worked up.

Those who would have a reliable guide book of the city of Wheeling will do well to obtain a copy of "The Physical and Medical Topography, including vital, manufacturing, and other statistics of the city of Wheeling," by JAMES E. REEVES, M. D., City Health Officer. It is printed by order of the city council, and contains a great deat of information, medical and general, about that municipality.

BOOK NOTICES.

A Manual of Clinical Medicine and Physical Diagnosis. By Thomas Hawkes Tanner, M. D., F. L. S. Third American from the Second English Edition, revised and enlarged by Tilbury Fox, M. D. Philadelphia: H. C. Lea, 1870. 1 vol. cloth. 12mo. pp 366.

This manual is intended primarily for students, and also for practitioners. It is a synopsis of those portions of Dr. Tanner's large work which treat of the nature of disease, its signs and symptoms, physical diagnosis and the more common instruments used by the physician in the examination of patients. It has the merits and the defects inseparable from the attempt to eptiomize science. It is not a good sign to see many such works on publishers' lists, but some are needful, and of the kind, this is a good example. The descriptions are usually terse and clear and correct, which is all that can be asked. The want of an American editor is conspicuous in places, as on pp. 39-44, where a series of instructions to physicians about certificates, coroners, etc., are given according to English acts of Parliament. We cannot say much in favor of the wood-cuts or the typography, neither being equal to what the public should require in such works.

Female Medical Education.

The Faculty of the University of Edinburgh has completed the arrangements for enabling females to study medicine. Separate classes for males and females have been formed, and five women have already presented themselves for examination for matriculation. A female medical society, under the presidency of the Earl of Shaftesbury, has been established in London, with the objects of providing educated women with proper facilities for learning the necessary branches of medicine and of promoting the employment of female physicians for the treatment of the diseases of women and children.

Schuylkill County Medical Society.

At the regular quarterly meeting of the Schuylkill County Medical Society, held at the Council Chamber, in the borough of Pottsville, January 5, 1870, the following named officers were elected to serve for the ensuing year: President—James S. Carpenter, M. D., of Pottsville; Vice-President, Jacob F. Treichler, M. D., of McKeansburg; Secretary, Charles T. Palmer, M. D., of Pottsville; Corresponding Secretary, Frederick Krecker, M. D., of Cressona; Treasurer, D. Webster Bland, M. D., of Pottsville.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 29, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For 2 new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

THE TRADE IN DIPLOMAS.

The passage of laws recently by several States, requiring those who profess to practice medicine, to hold the diploma of some chartered medical school, has caused quite a trade to spring up in such documents. On two or three occasions we have referred to the operations of those supposed to be engaged in this traffic, and there is evidently a sensitiveness on the subject that indicates to our mind that there is something wrong somewhere. We wish, if possible, to aid in placing the responsibility where it belongs.

From testimony which we now have in our possession, it is evident that the business is important and remunerative enough to command the services of a good many persons, some of them holding official relations to so-called medical schools.

The work is reduced to a system, giving employment to general, State and districts agents. And so shrewdly have these agents managed their business that many persons have been deceived into the belief that one of the most respectable and time-honored institutions of this city, has been engaged in this nefarious business. A little more than two years ago at the meeting of the British Medical Association in Dublin, Sir DOMINIC CORIGAN, made a very offensive allusion to the supposed fact that some of our reputable schools were selling diplomas in Great Britian.

Now it is due to truth and justice that the institution that has its diplomas in the market for sale should be exposed, so that it may be known what its honors (?) are worth. We know that medical, law, and divinity honors are on the market, and that they can be had *cheap*, say from $40 to $200. We have those figures before us for medical diplomas, accompanied with the assurance that it is not at all necessary to attend lectures—but the diplomas will be sent by express C. O. D. That is the shape—the *practical* shape the business takes!

We want our readers to aid us in exposing this business. We are accumulating testimony, but want all we can get. If *diplomas* purporting to have been issued by any chartered institution are known to be in existence that have been bought, we want to see some of them—the more the better. It may be difficult to get hold of them, but we hope that our readers will spare no pains to secure such documents that the institution or institutions that issue them may be properly ex-

posed, and such steps taken as shall be likely to protect the community from such imposi tions hereafter.

In our news columns will be found an exposition taken from a western paper, of the operations of one of these agents, who got himself into trouble.

PROPORTIONS OF THE HUMAN FIGURE.

A little more than a year ago one of the editors of this journal published an article calling attention to the rules of artists in reference to the mensuration of the human subject, and the laws which govern the relative size of the parts. (See MED. AND SURG. REPORTER, January 1, 1869, pp. 1-5.) At that time Dr. B. A. GOULD'S "*Military and Anthropological Statistics of American Soldiers*" had not appeared, nor was the writer aware what conclusions on the proportions of the human figure were there advanced. Those who have looked into Dr. GOULD'S tables will have found that he says that the numerical ratios of the artist "do not exhibit themselves otherwise than as coarse approximations," when we apply them to living men of our day. He, therefore, throws some doubt on the correctness of these ancient rules, but in fact, as is well observed by the editor of the London *Medical Times and Gazette:*

There is no reason to conclude that the average type of man as he exists will coincide with the most beautiful type. The gardener does not identify the beautiful type of a pansy with the average type—with the mean of existing variations—but with that true circularity of the flower, the approach to which he finds carries with it a constant enhancement of beauty. The sense of beauty is here the guide to experiment, and in the morphology of the human form no less the sense of the beauty of proportion has been the guide to search for, not to say discovery of, the secrets of proportion on which, by something more than "fancy or wild conjecture," it has been so long assumed that beauty must depend. It is a very hard saying, that a belief in the dependence of beautiful types on simple numerical proportions of parts, admitted to be not only popular, but almost universally adopted by artists, and inculcated by many eminent and learned men, is a belief sufficiently accounted for by (p. 320) the predisposition to believe it. Whence the predisposition? The answer is from no irrational superstition; from the direct observation of particular instances—the perception that, however averages may fall, the arrangement of the face on a principle of equal thirds tends to beauty; from the analogy of all the arts to which, as to music, exact measures are applicable; from the experimental proof that the Greek artists who held to the principle most absolutely, realized beauty most successfully; in brief, from observation of general nature and of organized life. The two sides of the human frame are not more palpably in proportion to each other than, in any particular instance not self—condemned for deformity, the upper to the lower members, though the ratio may not be as uniform or as obvious as in that case, or even as between the fore and hind quarters of quadrupeds. It is no vain assumption—no false principle of guidance in physical investigation—that when number and quantity have rule in the production of harmonious effects, simple ratio and definite proportion assert their supremacy; and no investigation is on the best track that does not lead on to the determination of them, or is likely to find it unless holding hard by this preliminary assumption.

The elaborate works of the Greeks on symmetry as applied both to architecture and the human frame are unfortunately lost. Polycletus wrote not only on the symmetry of theatres, but of the human figure, and his renown certifies that he did not write at random. Galen, quoting intermediately from Chrysippus in a well-known passage, states that his theory set forth the proportionateness of each member to that adjacent and their joint proportionateness to the whole—thus of finger to metacarpus, of hand to arm, of arm to body, and so forth.

No doubt by a proper attention to the measurements of the most approved model, this last theory of symmetry could be recovered. The researches of Mr. Hay, a writer on art, seem to show conclusively that the true ratios of beauty correspond to the vibrations of a monochord, and can be expressed in mathematical symbols, precisely as these latter can. We all know that musical notes, even those which compose the wildest and most beautiful sonata, are strictly subservient to algebraic rules. So there is no reasonable doubt but that the same laws govern the proportions and relations of the human body.

SMALL-POX IN NEW YORK.

All exaggeration aside, the small-pox is too prevalent to be pleasant in New York. The Board of Health are evidently exercised by it. It is a sad comment on the perversity of human nature, that a disease which is so entirely under the control of science, that to use a favorite English phrase, it can be "stamped out", should sum up 2000 cases and 240 deaths in fifteen months in one city. And the disease seems to be still very prevalent, if not increasing.

At a meeting of the Board of Health held on the 19th, three physicians were reported as having attended cases of small-pox without reporting them. The cases were referred to the Attorney for prosecution.

The records of the Sanitary Superintendent show that during the year ending October 1st, 1869, there were 539 cases of small-pox in the

hospital, only 67 of which came from sources other than Quarantine and through Commissioners of Emigration, with 46 deaths. During the same period there were 593 cases in the city, with 67 deaths, making a total of 1,132 cases and 107 deaths. During the three months, from October 1st to January 1st, 1870, there were 593 cases with 109 deaths. To this must be added the number, which is unknown, treated in the hospital during the same time. Altogether there is a total of about 2,000 cases, and 240 deaths in the last 15 months. Thus far this month (Jan. 19th) there have been only 8 deaths, and the number of cases reported this week is 53.

The statement that numbers of patients have escaped from the room in which they are placed at Bellevue Hospital, preparatory to being sent to the Island, is untrue, only one having escaped. No attempt is made by the health officials to conceal any facts, and if their efforts are seconded by all persons who become cognizant of the existence of new cases, and their orders and instructions are fully obeyed, the epidemic may soon be effectually overcome.

The Board of Education has adopted and placed in its new manual the following, addressed to parents—"To implicitly confide in the Board of Health and its vaccinating physicians, as we are fully convinced that the vaccine matter used is selected with the most scrupulous regard to the health of the respective individuals from whom such matter is taken, and that it is therefore, in the interest of parents, and for the benefit of their children, to assist to the utmost the just named officers in the performance of their duty."

Notes and Comments.

Consanguineous Marriages.

We have repeatedly discussed this topic in our pages, but not too often, for it is one of the most important questions in social life with which the physician has to deal. Dr. ROBERT NEWMAN'S "Report of the Committee on the Results of Consanguineous Marriages," presented last year to the New York State Medical Society, a copy of which we recently received, leads us to refer again to the topic. Our readers are aware that we have thrown doubt on some of the alleged serious effects of such marriages. We are gratified, therefore, to find Dr. NEWMAN saying, as the result of his studies, that they "assuredly leave the question of the results of consanguineous marriages, although strictly an undetermined one, yet relieved of much of the evil with which it has been hitherto charged."

Statistics of Providence.

In the last monthly return of Dr. EDWIN M. SNOW, Registrar of Providence, R. I., he gives the following statistics, which are valuable for comparison on account of their correctness. We wish that every city in the United States could have a physician as Registrar equal in ability and interest in the subject, to Dr. SNOW.

Year.	Population.	Deaths.	Deaths to pop., 1 in
1864	53,810	1,281	42.01
1865	54,595	1,211	45.08
1866	55,600	1,036	53.67
1867	56,800	960	59.16
1868	64,200	1,110	57.84
1869	66,500	1,254	53.03

There was an increase of 144 in the number of decedents in 1869, as compared with 1868. Of this increase, 88 were from scarlatina.

Medical Soceity of the District of Culumbia.

This Society has made an appeal to Congress, setting forth that the refusal of the colored physisians' application for membership in it, was upon social grounds, and did not interfere in any manner with the rights or privileges of those physicians as practitioners. The appeal concludes: "This society does therefore most solemnly, in the presence of the public, protest against a tyrannical attempt to punish it for the exercise of an undoubted and legitimate right, and in the absence of any express legislation to meet the emergency, the opposition to which might then be justly chargeable to the society as a misdemeanor." In making our remarks on pp. 59 of this volume in reference to this society, we were under the impression, shared at that time by many, that in refusing colored physicians membership, the society also denied them some professional privileges. We are glad to learn it not so.

An esteemed correspondent at Washington says in reference to this subject:

"We denied the colored practitioners no legal right, but on the contrary, yielded points in their favor, and granted them license in a public manner, and noted the action upon our minutes just as we would have done in the case of any applicant."

No one doubts the right of men to choose their own associates, and whatever may be the ultimate result of the present agitation, we fail to see the propriety, or expediency of any attempt on the part of Congress to compel, by legislation, any society to receive members contrary to their wishes.

Medical Society of Iowa.

The 18th annual meeting of the Medical Society of Iowa will be held in the city of Des Moines, commencing at 10 o'clock A. M. on Wednesday, Feb.

23d, 1870, the meeting having been postponed from the 6th of February.

There are thirty-four committees to report on almost every conceivable medical subject. O! if they only *would* report, and the Society hand the reports over to an able committee, and have them well edited and published, what a splendid "Year Book" the transactions would make! Will they not set so good an example? We could promise them a speedy *sale* of a thousand copies of such a book. Try it, friends in Iowa, try it!

Correspondence.

DOMESTIC.

The Sixth Position of Vertex Presentation.

EDS. MED. AND SURG. REPORTER:

Obstetrical writers of the present day recognize but four positions in vertex presentations at the superior strait of the pelvis: The occiput to the left and right acetabulum, constituting the first and second; and the os frontis to the same points in the pelvis, constituting the third and fourth. The writers, however, immediately preceding the present generation,—and prominently among them, the great French teacher Baudelocque, made six positions of this presentation;—the third and sixth of his classifications being omitted by more recent writers as a useless encumbrance in obstetric teaching. This is perhaps justified by the infrequency of their occurrence. In these two positions the occipito-frontal diameter of the head corresponds with the antero-posterior diameter of the pelvis; the sixth position being that in which the os frontis corresponds to the pubic symphysis, and the occiput to the sacro-vertebral promontory.

It is to the last of these positions that I wish particularly to refer, as its extreme rarity should attach to it more than an ordinary share of interest when it chances to be met with. This can be better appreciated when it is remembered that in about 54,000 accouchments, under the care of such observers as Naegele, La Chapelle, Dubois, Boivin, Baudelocque, etc., there was noticed but *three* cases of this position. Reasoning from this data, it is fair to conclude that many thousands of labors happen under the care of superficial observers, without this position being noticed at all, unless it chance to prove a barrier to the progress of labor, is in the case below related. I have never noticed it mentioned in *periodical* literature.

Prof. BEDFORD omits both the third and sixth positions of Baudelocque in his "classification;" but refers to them in connection with "instrumental delivery."

Let the foregoing remarks serve as an introduction to the records of a case which accidentally came to my notice on the 1st day of the present month,—January, 1870.

Patient aged 38, in good health, ninth confinement, under the care of a most intelligent young physician, had been in labor forty-two hours; the last twenty of which had been with the os uteri fully dilated and the waters escaped; the most powerful expulsive pains being present most of the time. On examination found the general condition of the mother comparatively good; though of course, as might have been expected, the pains had grown somewhat feeble, and were tending toward final cessation. The touch revealed the fact that the head was high up, almost out of reach of the finger, reaching on the brim of the pelvis; the uterus embracing the body, neck, and base of the head as closely as a powerfully excited and contracted state of the organ would allow. I found the forehead of the child resting against the superior face of the symphysis pubis, and the occiput at the promontory of the sacrum; and made unavailing efforts to change the head to a more favorable position. Notwithstanding the fact that I had always regarded forceps deliveries as almost invariably impracticable in delivering from the superior strait, I attempted to use them in this case, but utterly failed to apply them. Turning was not now to be thought of, and as the child was already dead, the operation of craniotomy was resorted to, and the woman safely delivered. She is now, six days after delivery, doing well, and likely to recover without a single untoward symptom. There had never been anything unusual in her former labors, nor was there anything to which the present mal-position might be attributed.

New Market, Mo. J P. CHESNEY, M. D.

Treatment of Gleet.

EDS. MED. AND SURG. REPORTER:

Your correspondent, under "queries and replies," in your issue of 15th inst., on the subject of the treatment of a case of gleet, may find a means of curing his patient in the following plan of treatment:

The patient should be continent and avoid everything that tends to excite libidinous desires. The moral means being observed, a metallic bougie, as large as the urehtra will conveniently admit, should be passed through the urehtra into the bladder once every five or six days, and allowed to remain ten or twenty minutes at each sitting. In addition, the patient should be put upon two grains of sulphate of quinine, and twenty drops of a mixture of equal parts of the tincture of the chloride of iron and tincture of cantharides, three times daily.

The bougie should be passed, and the other reme-

dies used for some time after all discharge has ceased.

At first the passage of the bougie may increase the discharge, but any increase will be temporary.

The above plan of treatment I employ constantly in old cases, and do not know of any one of my cases in which it has failed in effecting a permanent cure.

THOMAS HAY, M. D.

1208 *Vine St., Phila., Jan. 17th*, 1870.

NEWS AND MISCELLANY.

A Forger of Diplomas Caught.

We find the following in the Toledo, Ohio, *Commercial*, of a recent date:

In the latter part of October last, Dr. Alexander McMillen, of Genoa, Ottawa county, received a letter, dated Lucas, Richland county, Ohio, in which the writer proposed to furnish the Doctor with a diploma from the "American University, of Philadelphia," provided Dr. McMillen would pay two hundred dollars for the same. The Doctor at once consulted his attorney, who advised him to answer the letter and lead the Lucas doctor, who signed himself "G. Galloway, M. D.," into a more full exposure of the business, if possible. In the first letter the Genoa doctor was asked to obtain the certificates of two physicians that he had been for five years a successful practicing physician, but in subsequent letters it was said this might be dispensed with, and he would get the diploma without such certificate. Dr. McMillen, finding that he could get nothing further out of Dr. Galloway, ordered a diploma, which was to be forwarded with charges to the amount of $200, "C. O. D." He also stated that he would probably visit the agent for these diplomas, and intimated that he had a friend who would like a diploma.

The correspondence ended about the 1st inst., and a few days ago the diploma arrived at Genoa, and purported to hail from No. 225 North Twelfth street, Philadelphia. A warrant was at once issued, and on Friday the constable at Genoa started down to Richland county after his man. Lucas is a small village about seven miles from Mansfield, and the constable went to the latter place and inquired for Dr. Galloway, who lives at Lucas. No one knew such a man, but soon he saw a person who pointed to a man across the street, and remarked that the person pointed out resided at Lucas, and that his name was Dr. Burch. The constable went to the man and asked if he knew a physician at Lucas by the name of Galloway. "I answer to that name," said he; "Is this Doctor McMillen?" "No," replied the constable; "but you are my prisoner." The man was at once taken to Genoa, without being allowed to return home. On Saturday he was taken before a Justice at Genoa, but he got his case continued until the 12th inst., he being sent to jail at Port Clinton to await the time of trial.

Amateur and Regular Physicians.

A writer in *Britannia* pays the following well merited tribute:

"For gentleness, courage, endurance, perseverance, true benevolence, commend me to a regular physician. I know no profession so crowded with brave, noble natures as the medical profession. They are the repositories, and in nearly all cases, the faithful repositories, of terribly delicate secrets. They have greater power than any priest can have, to blast the happiness of many men and women. Bound by no sacred vow, like the priest, their own consciences, their own high sense of honor—aye, if you will have it so, their self-interest—keeps them faithful to their trust. No class in the world have more opportunities of doing good, and avail themselves of those opportunities more assiduously than doctors. In the hour of doubt, of fear, of despair, how we fly to them! In the pangs of sickness, in the agony of death, how we cling to them! In the hour of health, of joy, of hope, of confidence, how we slight them, how we abuse them!

Faraday on Human Credulity.

The *Scientific American* quotes the following from FARADAY: I have not been at work except in turning the tables upon the table-turners. Nor should I have done that, but that so many inquiries poured in upon me that I thought it better to stop the inpouring flood by letting all know at once what my views and feelings were. What a weak, credulous, incredulous, unbelieving, superstitious, bold frightened—what a ridiculous world ours is as far as regards the mind of man! How full of inconsistencies, contradictions, and absurdities it is! I declare that, taking the average of many minds that have recently come before me (and apart from that spirit which God has placed in each), and accepting for a moment that average as a standard, I should far prefer the obedience, affections, and instinct of a dog before it. Do not whisper this, however, to others. There is, One above who worketh in all things, and who governs even in the midst of that misrule to which the tendencies and powers of men are so easily perverted.

Death of an Eminent Chemist.

Otto Linne Erdmann, Professor of Chemistry at the University of Leipsic, born in Dresden, April 11, 1804, died after a protracted illness, on the 9th of October, 1869. He was particularly famous as the founder of *Erdmann's Journal of Applied Chemistry*, which he started in 1828, but he has also been

an original contributor, to our knowledge, of many chemical substances, and there were few teachers in Europe more successful and popular than he. Fears were entertained that at his death the journal would cease to appear, but the publishers announce on the cover of the last number that they have made arrangement for its continuation.

Princely Gift by a German Baron.

The German Hospital of New York has received from Germany an unexpected gift of $50,000 in 5-20s. The giver was the Baron von Diergardt, a young man who has just inherited a large fortune, and begins by making use of it in this manner. He has never been in the United States, and was doubtless prompted to this great act of charity by finding a large quantity of United States bonds among his inheritance. The hospital, which is at the corner of Fourth avenue and Seventy-seventh street, N. Y., will be greatly benefited by this acquisition.

Alexis St. Martin.

It is stated that Alexis St. Martin, whose side was perforated by a shot in 1822, in such a manner as to expose the action of the digestive organs to the surgeon's eye, is still alive and well in Cavendish, Vt. Few men have done more than he for the advancement of science, and no one probably ever did so much involuntarily,

Great credit was due Dr. BEAUMONT for taking advantage of St. Martin's misfortune for the advancement of science, and to the late Dr. ROBLEY DUNGLISON for recording Dr. BEAUMONT'S experiments so thoroughly as he did in his work on Physiology.

QUERIES AND REPLIES.

Dr. W. T. B. of Maryland.—"Which is the best Law Review or Jonrnal, where published, and what is the cost of the subscription a year?"

Ans.—We take pleasure in recommending to you strongly, "THE AMERICAN LAW TIMES AND REPORTS," $6,00 per annum. ROWLAND COX, managing Editor, Lock Box 29, Washington. D. C. This is decidedly the *best* legal periodical in the United States, and for the amount of matter it furnishes, it is also the *cheapest.*

Opium Eating.

EDITORS REPORTER: I have a patient under my charge who has been for several years a slave to the "Opium habit." The patient is a lady, 35 years of age, married with three children.

At times she is seemingly in perfect good health, at other times she takes to the bed and complains in every conceivable manner—pains in the head, chest bowels, in fact all over her body. By the closest scrutiny I have not been able to discern anything abnormal. She eats heartily all the while. During these paroxysms, nothing that I can give in the way of medicines, is of any avail in relieving her not even morphia in large doses.

A few weeks since I put her on the Bromide of Potash—half drachm doses four times daily, but even this great nervous sedative fails to produce any change in the symptoms.

What must I do for her in the way of treatment? and could it be possible that these symptoms are all assumed?

W. T. C.

Gleet.

Monsels solution is a very good remedy, in this desease, though not specific, and the formula for it from 2 to 5 grains is generally too weak; but the following formula answers very satisfactory in most cases, as:

℞. Monsels solution, gtts. xx.
Rose water, ℥iij.
Sig. Inject two or three times a day.

If this does not affect a cure, make it stronger as:

℞. Monsels solution, gtts. xxx. or xxxvj.
Rose water, ℥iij.
Sq. Inject three times a day.

Which generally completes the cure in four out of five cases, in from fourteen days to three weeks. I had six cases, four of gleet, and two of chronic gonorrhœa, and all but one were cured with these two formulas except one; where I had resort to vesication, and afterwards had to use injections for six days with the following:

℞. Monsels solution, gtts. xv.
Aq. pluvialis, ℥iij.
Mucilag. gummi arabic. ℥iij.
Sq. Inject 4 times a day.

Indiana. J. PIRNAT.

MARRIED.

DELAFIELD—VAN RENSSELEAR.—Jan. 17, at the Church of the Holy Communion, New York, by Rev. F. E. Lawrence, D. D., Dr. Francis Delafield and Catharine, daughter of the late Col. Henry Van Rensselaer, U. S. A.

MULLER—THOMPSON.—Jan. 12, in New York, at the Church of the Incarnation, by the Rev. Dr. Henry F. Montgomery, Dr. Augustus F. Muller and Miss Mary Thompson, daughter of James B. Thompson.

PERRY—PROUDFOOT.—Jan. 13, at Calvary Church. by the Rev. Dr. Short, Col. David Perry, U. S. A. and Margaret, daughter of the late Laurence Proudfoot, M. D., of New York.

REMSEN—WAGSTAFF.— Jan. 18, at Trinity Chapel, N. Y., by the Rt. Rev. A. N. Littlejohn, D. D., Prot. Episcopal Bishop of Long Island, assisted by the Rev. Samuel Cooke, D. D., and the Rev. Geo. W. DuBois, Phoenix Remsen, and Sarah Louisa, daughter of Dr. Alfred Wagstaff, all of New York.

SCHUERMAN—SMITH.—At the house of the bride's father, Navesink, N. J., Jan. 6, by Rev. A. J. Gregory, Dr. Irving Schuerman and Miss Mary E. Smith.

DIED.

ANDERSON.—Jan. 17th at the residence of his son-in-law, Dr. Edwin Lewis, in Jersey City. Alexander Anderson, M. D., late of New York, in the 95 year of his age.

TENISON.—In New York, Jan. 15th, Margaret Adelaide, wife of Dr. W. D. Tenison, and only danghter of John S. Bagley.

WALLACE.—On the 11th January, 1870, Dr. S. S. Wallace, of Brudy's Bend, Armstrong county, Pa., aged 69 years.

METEOROLOGY.

JAN.	10,	11,	12,	13,	14,	15,	16.
Wind.....	S. W. Cl'dy	S. W. Clear	S. W. Cl'dy	S. W. Cl'dy	S. W. Cl'dy	S. E. Cl'dy	S. W. Clear
Weather.			Rain.	Sh'ry	Hail.	Rain.	
Depth Rain				1-10		6-10	
Thermom....							
Minimum..	12°	25°	31°	35°	18°	25°	29°
At 8, A M.	29	38	44	45	26	36	39
At 12, M...	36	47	51	53	28	41	49
At 3, P. M.	37	48	52	57	28	42	49
Mean.....	28.50	39.50	44.50	48.25	25.	36.	41.50
Barometer..							
At 12, M...	30.2	30.2	30.2	30.1	30.2	30.1	30.2

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

No. 676.] PHILADELPHIA, FERBUARY 5, 1870. [Vol. XXII.—No. 6.

Original Department.

Communications.

REMARKS ON SYPHILIS.

I have selected syphilis as the subject of a short monograph, because of its prevalence, and the many opportunities I have had of studying its effects, both immediate and remote, on the animal economy, within the past fifteen years in the South and West. So rapid has been the increase in these diseases since the inauguration and close of the late civil war, that at least one-eighth of all the cases the practitioner is called upon to treat, in large towns and cities, are complicated with diseases of this character, and if there is not some system devised to prevent its spread and propagation, the next generation of Americans will occupy the unenviable position said to have been the condition of the English people in the 15th century, when the prevailing diseases of that country were "Syphilis, Sycosis and Itch." I do not propose to discuss the origin or antiquity of syphilitic disease, but simply to give some of the facts in regard to its peculiar effects that have come under my personal observation, and at the same time illustrative of the principles and theories in dispute among syphilographers.

1st. The period of incubation—and the fact that syphilitic virus may remain enveloped and inactive in a *cicatrix* for a long period of time without giving rise to secondary symptoms.

2d. The communicability of Secondary Syphilis.

3d. The communicability of both primary and secondary Syphilis to the lower animals.

4th. Syphilis as a cumulative poison.

In regard to the period of incubation. It ranges from forty-eight hours (as in cases of abrasion, to *seventy-three days*, the longest period ever claimed under my observation. This last was the case of a gentleman of the highest character for veracity, who assured me that it had been seventy-three days from the time of intercourse with any woman, until the appearance of the primary sore. The location of the sore, and his great regard for personal cleanliness, entirely precluding the chance of inoculation from any other source. This case favors the doctrine of slow or physiological absorption. As illustrative of the second branch of the first proposition, I beg leave to quote from my private record of cases.—W. J. D., (æt. 45), a gentleman of high social position, called to be treated for an ulcer on his penis. The history of the case is, that two years ago he contracted a sore on the prepuce which was pronounced and treated by a good surgeon as syphilitic chancre and was apparently cured. leaving however, a *hardened cicatrix* which has recently opened, after a *slight abrasion* and another formed on the glans-penis where the recent sore comes in contact with it. The disease yielded and the cicatrix disappeared under the ordinary treatment for *primary chancre* and up to the present time there has been no return. This patient who admitted the nature of the affection and who could not possibly have had any motive for concealment—*avers on his honor* that he has had no opportunity of contracting the same within the period of the two years preceding the appearance of the last chancre. Here we have a case of virus enclosed in the dense tissue of a cicatrix remaining undeveloped until accidental abrasion fully developed its virulence. The result of absorption in this case would have undoubtedly produced secondary effects. It was no doubt prevented by the low vitality and dense tissue of the cicatrix. On this ground we may

account for the fact that syphilitic poison is sometimes developed after long periods of apparent freedom from disease—the virus having been enclosed in tissue of such low vitality as to require a long time for its absorption and consequent constitutional effects.

To illustrate the second proposition I would state that I have at this time under treatment two persons who fully prove the communicability of secondary syphilis, by direct contact of mucous surfaces. A young man affected with secondary syphilis had intercourse with a country girl just commencing her career as a "woman of the town" and in kissing her *introduced his tongue into her mouth.* She was subsequently affected with excavated ulcers of the tonsils and blotches on various parts of the body precisely like those on the person of the young man who had communicated the disease to her. After a careful and thorough examination of her person, I was unable to find any evidence of a primary affection. By a singular coincidence I was called upon shortly after to treat another young man affected in a similar manner, who attributed his condition to intercourse with this same girl. In his case there had been no primary sore—he also confessed to his having introduced his *tongue into her mouth* while caressing her. Not being altogether satisfied upon so important a chain of circumstances, I managed to get all the parties together, when I became convinced of the truth of their previous statements.

On the 3rd point.—The communicability of both primary and secondary syphilis to the lower animals—I would state that in 1849 I was cognizant of a case of primary syphilis in the dog. The circumstances of the case were as follows: A gentleman, the owner of a fine Newfoundland dog, boarded at a hotel that employed negro servants. One of these female domestics had contracted syphilis, and, as she afterwards confessed, that with the idea common among the vulgar, "that to have a dog lick a sore would heal it," she had enticed the dog to an out-house where he had licked the sores on her person. The result was that the dog contracted a chancre in the mouth, and after having gone through the various stages of the disease, became so dangerous and disgusting from his friendly disposition, that his owner was compelled to destroy him.

Another case was that of a puppy used to draw milk from the breast of a woman laboring under secondary syphilis with excoriation of the nipples. The puppy became affected with a papular eruption of the mucous membranes of the mouth and inflammation of the conjunctivæ—the hair fell off and the skin presented exactly the same appearance as that of the disease known to dog-fanciers as "mange." The puppy was destroyed and Meig's breast pump substituted in its place.

In regard to the fourth proposition.—Syphilis as a cumulative poison.—Experimenters in Syphilization all recognize this fact. I quote from one of the most successful and indefatigable—he says—"By continued inoculation the ulcers become less and less until no effect is produced but the individual is still susceptible though in less degree to another kind of matter—again to a third and so on until at last no effect is produced by any kind of Syphilitic poison." There is a virtual admission that there are different kinds of virus—virus which differs only in *degrees of virulence* when inoculated into an individual who has had no previous vice of the physical structure. The question naturally arises—what produces this difference in the virulence in Syphilitic poison? The answer as I take it is plain.

The cumulative nature of the specific poison when not regulated and controlled by the observation of those laws necessary to the preservation of ordinary health. In this city (Pittsburgh) where prostitution is common and most wretchedly regulated and managed by the city Fathers—who in their anxiety to conceal the prevalence of this vice in their midst, forcibly remind one of the ostrich, which hides its head in the sand, leaving its body exposed all the time, fondly imagining that it is concealed and secure from the *public* observation—here where the "Women of the Town," are driven into the lanes, alleys, and hay-mows, I was not surprised to find a large per centage of *Phagedenic chancres* and mutilations. The women congregated in such localities as I have mentioned, are compelled to submit to the embraces of the most filthy and brutal of the race, and all diseases are indiscriminately mingled in one common vehicle of contamination, and spread broad-cast over the city. I could give many cases illustrating these facts but I have written enough to provoke reflection on these subjects—Vidal says: "If we reflect on the different forms of chancre, (which he describes under the name of varieties). We find that they are the result of complications—thus the first is complicated with Gangrene;

another form diphtheritic with hospital Gangrene; while the serpiginous chancre is connected with tuberculous diathesis." And if he had only added, that whatever disease it may happen to be complicated with, only adds virulence to the syphilitic poison, he would have enunciated a truth justified by the experience of a majority of practitioners, who have given this subject a fair share of study and reflection.

IODOFORM AND IRON AS A REMEDY IN SCROFULA, CHRONIC ULCERATIONS, ETC.

By T. Jeff. Boyer, M. D.,
Of Clearfield, Pa.

About two years ago my attention was attracted to an article published in the proceedings of the State Medical Society, relative to a remarkable cure, effected by Warner's Iodoform and Iron Pills.* Since then I have used them in my practice, prescribing them in all cases of chronic ulceration with excellent results. In one or two old cases in which all the usual remedies of the materia medica had been used without any good results the use of these pills produced rapid improvement, pain disappearing, granulations becoming abundant and healthy, and sores healing up, leaving the patients in excellent health. I have faith in their curing almost any case of ulceration. A young friend of mine here was operated on by Dr. Agnew, of Philadelphia, for *necrosis* with great success, the wounds healing rapidly while the patient followed the advice of the doctor, but becoming careless, and after exposing himself to cold, and in several cases accidentally bruising the leg, an apparent new inflammation was set up. The bone commenced to thicken, and finally presented a rough, spongy appearance. During this time, by the advice of his physician, the old dressing was applied, and such constitutional treatment instituted as the nature of the case suggested, but no improvement manifested itself, the sore remaining stationary and painful, and after nine months of apparent useless efforts, the young man came to me, almost despairing. I hemmed up the edges of the sores, applied a weak solution of carbolic acid to them, ordered a simple dressing of citrine ointment and simple cerate, and gave the patient sixty *Iodoform et Ferri* pills, ordering him to take one, two or three, alternating doses, as he pleased, so that he would take five or six pills a day. The improvement was rapid; he gained flesh in an astonishing degree; absorption in the bone was very marked; the sore closed up, and, at the end of ten days, when the pills were taken, the surface, which had extended two inches ten days before, was now less than one inch. I ordered him one hundred of these pills, to continue treatment as before. The young man is now enjoying vigorous health; his leg is healed, free from pain, and he feels grateful, and says he never felt better.

I have on several occasions in scrofulous cases with hereditary lung taints, prescribed this remedy, and am satisfied that it has, at least for the time being, arrested the disease. In incipient Phthisis, I believe these pills should be tried.

I might give you a more definite statement of the effects of these Pills and cite several cases but fear this article is already more than you wish to read, but think it some interest to know my experience with this truly valuable agent I offer it for what it is worth and trust you may have the same success, should you have occasion to try it.

* These pills are manufactured by William R. Warner & Co., 154 North Third street, Philadelphia.

Hospital Reports.

PHILADELPHIA HOSPITAL.

January 12, 1870.

By F. F. Maury, M. D.
One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(REPORTED BY HERMANN W. NEWCOMB.)

Stricture of the Urethra.

Gentlemen:—I ask your attention to the case of stricture of the urethra, operated upon at our last clinic (Vid. Med. & Surg. Reporter of January 29th, 1870. H. W. N.,) with the "stricture dilator" of Holt. It was a case which, in my judgment, was well adapted to the operation of rupture, and that I was not in error, the result of the case bears ample testimony. It is not every stricture that can be treated in this way, but if your cases are judiciously selected, the operation is a highly satisfactory one. It is devoid of the danger attendant upon internal urethrotomy, is less tedious than gradual dilatation; and so far as my experience extends, gives more complete and permanent relief than any other of the operations devised for stricture. This man, since the operation, has kept his bed, avoided exposure to cold, and had no treatment but quinine in

ten grain doses. There has not been a single unpleasant symptom. Upon examining the condition of the urethra, you perceive no difficulty is experienced in passing into the bladder bougies Nos. 12, 14, 16, which latter is the calibre of the patient's urethra. This man needs no further treatment at my hands, although he should be directed to dilate the canal by introducing an instrument once a week. If he neglects this precaution, in all probability there would be a recurrence of the difficulty at no distant day.

Catheterism.

A few words in regard to the introduction of instruments into the bladder may not be amiss. There are various methods in vogue. The one usually adopted is, placing the patient in the recumbent posture; the operator standing upon the left side grasps the penis between the thumb and index finger of the left hand and raises it from the pendant to an almost vertical position, in order to obliterate the curve it makes at the pubes. The catheter is held lightly in the right hand with its concavity looking toward the patient. The point of the instrument is then inserted into the meatus and permitted to pass on almost by its own weight until it enters the sinus of the bulb, when by a slight retraction, and then a depression of the instrument, it engages in the opening of the triangular ligament and enters the bladder. It can be as readily introduced in the sitting or standing posture as in the recumbent, with the left hand as with the right, although the method I have just detailed to you is perhaps the preferable one. Whatever mode you may adopt, it is of the utmost consequence that you use no force. Too much stress cannot be laid upon the importance of delicacy of manipulation in the urethra. In removing the instrument, it is withdrawn in the direction of the curve of the urethra, and the moment before the point leaves the meatus, the handle should be nearly in contact with the median line of the abdomen. You are usually directed after operations for stricture to dilate the urethra daily by the introduction of a full sized catheter or bougie. But I am by no means convinced of the propriety of such a course. In fact I think it far preferable to leave the urethra unmolested, for perhaps three or four days subsequent to your operation, in order that the delicate mucous membrane of this canal, may recover in a degree from the shock inflicted. If you adopt this course, I think you will find the urinary passage more tolerant of manipulation and less inclined to resent further interference.

Holt's Dilator.

You have seen me employ the Holt "Dilator" to forcibly rupture a stricture, and I will now show you what I conceive to be another use of the instrument equally valuable. The patient is one upon whom I performed Mr. Syme's operation of perineal section, for a dense callous stricture involving the membranous portion of the urethra, during my term of service at this hospital last spring. The result of the operation was highly satisfactory, and the man was discharged from the hospital with a urethra readily accommodating a No. 12 bougie. Full instructions were given as to the necessity of the regular introduction of an instrument, but in this case as in many others, no precautions were observed and as a consequence of this neglect, there has resulted a condition that I will briefly explain. The constant tendency of an organic stricture is to contract. Whatever measures you may institute for its removal, still the tendency exists, and if patency be not maintained by the occasional passage of an instrument, there will inevitably be a reproduction of the pre-existing stricture. In the case before us, there has been not only this contraction at the seat of stricture, but also an irregular deposit of plastic matter in the sub-mucous cellular tissue giving rise to a tortuous condition of the canal.

Introduce the sound of the "Dilator" into the bladder, but instead of taking the largest sized staff and thrusting it forcibly home as was done in the former case, I take a staff of medium calibre and pass it gradually, yet continuously, to its full length. Permitting it to remain a few moments it is withdrawn, and then followed successively by the larger staffs until all have been introduced and the urethra is stretched to its fullest capacity. By this method of dilatation, the continuity of the mucous membrane is unbroken, and the site of stricture is merely widely distended; while in rupture there is in all probability a rupture of the sub-mucous tissue, if not of the mucous membrane itself. This process of dilatation is often most happy in its effects, frequently dissipating the stricture within a comparatively brief period. The most probable rationale of its action is a stimulation of the absorbents, thus inducing them to remove morbid effusions.

Doubtless you will have perceived, gentlemen, that there is a discrimination in the use of this instrument, and that in stricture, as in every other affection, each case makes its own law. This is a lesson that students are loth to learn, but one which, if early acquired, cannot fail to yield gratifying results. I could not inculcate a more important truth than when I assure you, much of your future success will depend on your securing broad principles—a stable foundation as it were—upon which to build your superstructure. No case is ever the exact countepart of another, and your treatment must be modified by circumstances of a varied nature. But if your *principles* are correct and comprehensive, you need not fear to cope with any malady, however complicated.

Primary Syphilis.

I bring before you for a third time, the case which you will recollect, I inoculated upon the occasion of our first meeting. (Vid. MED. & SURG. REP. for Jan. 22d and 29th 1870—H. W. N.) The artificial chancre was destroyed by the carbo-sulphuric paste a week ago to-day, and upon removing the eschar, there is brought into view a healthy granulating surface. By some, the efficiency of destroying a chancre within a certain period is disputed, they maintaining that the procedure is without advantage. But the case before you, would seem to show to the contrary, for I have inoculated syphilitic virus upon that surface of the thigh where the absorbents are extremely active, and although a period sufficiently protracted has elapsed, there is not the least enlargement of the lymphatic glands, or in fact, any evidence to show that the part took cognizance of the presence of a poison. And yet, I venture to affirm, that had not the specificity of the artificial chancre been destroyed by the carbo-sulphuric paste, there would have been ere this, a chain of indurated lymphatic glands in this man's groin. This man's treatment internally was simply *nothing*, it having been decided to treat upon the expectant principle and wait for further developments. He is thriving well and no alteration will be made in his treatment.

Lichen.

I call your attention for a moment to the case of Lichen that I have had before you on several occasions. You will recollect his treatment consisted of a sulphur vapor bath four times a week and a mixture containing Tinct. ferri chloridi, Liq. potassæ arsenit. and Hydrarg. chloridi corros. There is a marked improvement in his condition. The eruption is much less distinct and in parts has faded altogether. The skin is soft, pliable, and wholly devoid of the harshness that formerly distinguished it, and the entire cutaneous surface more nearly approaches the healthy normal condition. The man is doing so well under his present regimen I see no reason for altering it. We will continue the treatment.

Gonorrhœa.

I now show you a series of cases, illustrative of an affection of the generative organs, entirely distinct from the one we have just been considering. I refer to gonorrhœa. It has been variously denominated as blennorrhagia, blennorrhœa, blennurethria, chaudepisse and clap, all of which are more or less inappropriate. Blenorrhagia signifies merely a flow of mucus; gonorrhœa a flow of semen—still more inaccurate you perceive,—chaudepisse has reference to the smarting sensation experienced during micturition, and the other terms are equally inapplicable. But it matters little what name you prefer, so long as you understand the nature of the disease, and are competent to meet its indications. Gonorrhœa is the name perhaps most familiar to you, and I shall accordingly adopt it. John Hunter accurately described gonorrhœa, but he committed the error of confounding it with syphilis, from which it is wholly distinct, the two diseases possessing no points in common, except that they are both usually the results of impure intercourse.

It was reserved for M. Ricord to demonstrate conclusively the non identity of syphilis and gonorrhœa, and to lay down broad lines of destinction between them.

Gonorrhœa is a local contagious disease of the urethra, originating generally from infectious intercourse, characterized by symptoms of acute inflammation, and *is incapable of contaminating the system at large.* It is propagated mainly through the medium of pus, that differs in nowise so far as we can ascertain from ordinary pus. The researches of Van Roosbrœck would seem to show, that the immediate vehicle of the virulent principle of contagion, is the pus globule, but the highest power of the microscope fails to reveal an appreciable alteration in the pus globule of Gonorrhœa from that of any suppurating surface. A theory has been advocated of late years by several writers, to the effect that gonorrhœa depends upon a peculiar fungoid growth. But no evidence has been adduced to warrant me in placing any reliance upon such a belief, and I cannot but regard it as a fallacious one. The truth of the matter is, we know as little of the intimate nature of gonorrhœa as of syphilis, and that little amounts to nothing.

The period at which gonorrhœa manifests itself after exposure is a variable one. In one man it may be developed in 24 hours, in another not for two weeks. This is governed by numerous circumstances, such as the patient's susceptibility, the conformation of the virile organ, his observance of cleanliness, etc., etc. By some, the time during which the poison is apparently dormant is regarded as a period of incubation. But I do not think it can be strictly so considered.—

There may be a certain interval of time intervening between the reception of the gonorrhœal virus upon the urethral mucous membrane, and the appearance of those symptoms by which its presence is announced; but this period is merely one of latency, not incubation, properly so-called. The poison begins to work immediately after being implanted upon the living tissue, though the result of its action is not made manifest for a period varying from a few hours to a number of days.

A typical case of gonorrhœa is characterized by four stages. The first or formative stage, the second or stage of high inflammatory action, the third stage or period of subsidence, and the fourth stage or period of gleety discharge. It is important that you should understand this, for upon the grade of inflammation depends the kind of treatment you are to institute. When we trace back a case of gonorrhœa, we find the earliest symptoms to consist of a gradually increasing titillation of the meatus, which is somewhat red and swollen; an increased venereal appetite, frequent erections, slight scalding upon micturition, and a mucous discharge gluing the edges of the meatus together. The inflammation is now in its incipiency, but if permitted to continue unchecked, is rapidly developed. Micturition now becomes intensely painful, and erections are frequent and often characterized by a peculiar incurvated condition of the organ, designated chordee. The discharge, which was a transparent mucous, is now yellowish green in color, often tinged with blood, and is poured out in quantities frequently amounting to several drachms in the twenty-four hours. The system at large sympathizes with the local affection, as is shown by an acceleration of pulse, increased heat of skin and the usual accompaniments of a febrile condition. Gradually the acute symptoms subside, and the disease enters upon the stage of decline. Micturition causes but trivial inconvenience. Chordee is no longer present, and erections are almost painless. The discharge is less abundant and has lost its purulent character, the temperature has returned to its normal standard, and the pulse is beating with its accustomed rhythm. The disease may here terminate without further annoyance to the sufferer, but more frequently there is established a fourth stage or period of gleety discharge. The predominant feature of this stage is the discharge, which is clear, mucous and stringy. It is not constant, being often wholly absent for a considerable period, and is most perceptible in the morning when the patient rises from his couch. It varies in quantity, being increased by any excess or imprudence on the part of the patient, and is exceedingly chronic, often resisting persistent medication, and continuing for years, if not for a lifetime.

Treatment.—The treatment of gonorrhœa depends upon the stage of the inflammation. It is rare that we have the opportunity of observing gonorrhœa in its first or formative stage, patients not usually consulting us until it is fully established. But in those cases, when the morbid action is yet in its incipiency, when micturition is unaccompanied by severe pain, and the discharge is slight, clear and mucous, we may endeavor to abort the threatened inflammation by establishing one of another character. This is done, not by injecting a solution of nitrate of silver, thirty or forty grains to the ounce of water as has been recommended by Debeney and Ricord, but by employing injections of the mildest and most unirritating character, as, for instance, an eighth or a sixth of a grain of nitrate of silver to the ounce of water. Rest assured no benefit will accrue from a resort to harsh measures, but on the contrary, they will only serve to aggravate the already inflamed urethra. In addition to the local treatment, you should keep the patient at rest and institute a general antiphlogistic regimen. But we will now suppose that the disease is fully established. What course is to be pursued? It is a point upon which not sufficient stress is laid by authors, that the treatment of gonorrhœa should be modified by the temperament and constitution of the patient, and especially is this the case during the high inflammatory period of this disease. If the man is strong and vigorous, with a full bounding pulse, you take blood from the arm or apply leeches to the perineum. You diminish the force and frequency of the heart's action by means of aconite or veratrum viride, you purge him well, restrict his diet, and placing him in the recumbent posture make cooling application to the genital organs, and at the same time keep them well elevated. They should also be kept scrupulously clean, and for this purpose should be frequently immersed in tepid water, and occasionally injections of the same purifying agent thrown gently into the urethra. No copaiba or cubebs gentlemen, injections of sulphate of zinc or nitrate of silver. Lose sight of the origin of the disease, and treat this inflammation upon the same principle that you would inflammation occurring in any other portion of the body. If the patient is weak and unable to bear depleting measures modify your treatment and eschew those agents that are calculated to depress the vital powers and at the same time strive to limit the morbid action.

It is not my custom to give formulæ for you to take down, it having been my aim, as I before remarked, to instil *principles* for your guidance in the treatment of disease. But the one I shall now mention will serve as a frame-work for the compounding of your prescriptions, and will be extremely valuable to you.

℞.	Antimonii et potass. tart.,	gr. j.
	Magnesiæ sulph.,	℥vj.
	Tinct. verat. virid.,	f.℥jss.
	Morphiæ sulph.,	gr. ij.
	Spts. etheris nit.,	f.℥iv.
	Sodæ bicarb.,	℥ij.
	Sacch. alb.,	℥ij.
	Aquæ destil.,	f.℥viij. M.

S.—Tablespoonful at a dose.

The indications met by the agents, contained in this mixture, are sufficiently evident to require no explanation of their actions. You can modify the formula according to circumstances. Where any one of them is contra-indicated or not required, you can either leave it out or substitute another agent,

and thus you can meet the varying conditions as they may exist.

The diet of the patient should consist of farinaceous articles, oysters, a few vegetables, and the lighter meats. All stimulants should be strictly forbidden, except the patient be an habitual drinker, when you may permit a little whiskey well diluted with water. Condiments, highly seasoned food, all the grosser articles of diet, port or sherry wine are to be interdicted.

When the acute inflammatory symptoms begin to subside and the stage of decline sets in, then you may resort with advantage to medicated injections and the so-called specifics copaiba and cubebs. You should be extremely careful that your injections are not too strong, for you may not only lay the foundation for the future development of stricture, but you also cause the extension of the inflammation through the vasa deferentia to the testicle, thus giving rise to orchitis. This is a point of vital importance, and I desire to impress it very forcibly upon your minds.

The substances that are employed as injections are without number, among the most reliable are sulphate of zinc, acetate of lead, nitrate of silver, permanganate of potassa, tannic acid, etc., etc. When you find that an injection has ceased to produce any effect you should resort to another. A favorite combination of Ricord which I occasionally employ is viz:

℞.	Zinci sulph,	℈j.
	Plumbi acetat.,	℈ij.
	Tinct. opii,	
	Tinct. catechu,	aa.f.℥j.
	Aquæ rosæ,	f.℥viij,

S.—Inject four times daily.

I find, gentlemen, my hour has terminated without my subject having been concluded, but I have had sufficient time to bring to your notice some practical details that you will do well to profit by. Upon the occasion of our next meeting I shall continue the discussion of this interesting topic, beginning with the fourth division of my classification of the subject,—gleet.

Medical Societies.

CHITTENDEN COUNTY (VT.) MEDICAL SOCIETY.

The regular quarterly meeting of this Society was held at Essex Junction, on Tuesday, January 11th. Dr. J. F. Miles, of Hinesburgh, was chosen President, *pro tem*; Dr. F. F. Hovey, of Jericho, Secretary, read the proceedings of the annual session; Dr. M. Cole, of Burlington, reported cases of Imperforate Hymen, and Dr. Fairchild, of Milton, reported several occurring in his practice of many years, in one of which there was no line of demarcation for a vagina. In this case he cut down nearly three-quarters of an inch before opening into the natural cavity. Restoration was complete. Dr. Fairchild also reported a case of self-castration, in which a bricklayer, having a family of eight children, in a temporary fit of aberration of intellect, partially castrated himself with a jacknife. He took out one testicle entirely, cut open the other side, leaving that testicle dangling. After this operation he went to work and continued at his labor till the overseer discovered his condition by a pool of blood at his feet. On being inquired of in relation to it he said the end of a board had struck him. He persisted in his work, taking largely of whiskey as he became faint, until finally from the effects of both loss of blood and whiskey he became incapacitated for labor, and was carried in a wagon three miles to his home, the testicle dangling as before stated. A physician being called he refused at first to have any thing done for him whatever, but finally, after much persuasion, consented to have his wounds dressed.

This occurred on the 6th of November. On the 8th Dr. Fairchild was called, and found the scrotum, which in the dressing had been neatly stitched up, swelled and filled with extravasated blood. Giving vent to this he ordered some simple dressings, there being no appearance of sevre inflammatory action.

On being questioned in regard to the matter said he knew nothing about it; did not know that one of his testicles was gone; had no knowledge of the affair whatever. He recovered in due time without any untoward event.

Resolutions were adopted endorsing the proposed action of the State Medical Society, relating to the matter of pure liquors for medicinal purposes, and urging those who have the purchase of such liquors in charge, to use all the means in their power to secure for their agencies liquors that are free from adulteration with poisonous drugs.

The discussion on these resolutions elicited the difficulty under which physicians labor in procuring pure liquors for their prescriptions, and the necessity of going outside of the legal agency to find them.

The next meeting of the Society is to be held at Burlington in May, when Dr. A. D. Tagert, of Shelburne, is appointed to read a paper on *Cancer*. Dr. Sund, of Burlington, one on *Cerebro-Spinal Meningitis*, and Dr. Butler, of Essex, one on *Consumption in Vermont*. Dr. J. F. Miles is appointed to lead a discussion on the *Dietetic Management of Disease*.

The session was not largely attended, but those who were present enjoyed the meeting greatly, and especially the nice entertainment provided for them by that excellent landlord, Mr. Kimball, of the Central House.

L. C. Butler, M. D.

Essex, Vt., Jan. 1870.

Editorial Department.

Periscope.

The Medical Activity of the American Hemp Plant.

In the last number of the *Transactions of the American Philosophical Society* is a prize essay by Dr. H. C. Wood, intoxicant properties of the hemp plant, as grown in North America (cannabis indica). As the article is one of great interest, we make several extracts from it.

The plants from which the experiments were made were grown near Lexington, Kentucky. Dr. Wood first experimented on himself by swallowing about 20 grains of the extract, prepared by evaporating an alcoholic tincture of the leaves. It produced startling and serious symptoms, which he details with great vividness. They were so alarming that medical aid was summoned. Dr. Thomas, who was called in, states his condition 4 hours after the extract had been taken, thus:

"I was called at 8½ P. M. to Dr. H. C. Wood, and was informed he had taken an over-dose of extract cannabis. indica. I found him presenting at first glance, the mental condition and excited manner of mild alcoholic intoxication. His powers of ratiocination were but slightly impaired. The most prominent psychological manifestations was a constant and overwhelming dread of impending death, which no amount of assurance could relieve for more than an instant; with this was combined an almost entire loss of the faculty of appreciating time —moments seeming to his disturbed consciousness to be hours in length, He stood and walked without difficulty, and his voice was natural in tone and accent. Pupils widely though not completely dilated; pulse moderately full, and numbering 106 beats per minute, increasing in frequency to 118 per minute within the following twenty minutes, and becoming decidedly weaker. The extremities were cool and growing colder. Zinci Sulph. was now ordered with a view of evacuating the stomach of any of the drug which might remain unabsorbed, as well as for any possible revulsive influence it might exert. At ten minutes after 9, when the emetic was obtained, the pulse was found to have increased in frequency still further (136) and to have proportionately decreased in volume. Within 15 minutes following, the feet mean time having been soaked in hot mustard water, free emesis took place, and the pulse rapidly fell, improving at the same time in quality. At 10. 15 it was 104 per minute, and it remained about the same for the succeding hour. The warmth of skin was at this time restored. The mental state varied but little throughout.

We now quote Dr. Wood himself:

In order to determine the proportion of extract obtainable, the following experiment was performed.

Six ounces of the dried leaves of male Kentucky hemp plants were treated with hot alcohol and then exhausted with a little ether. The tinctures thus obtained were mixed and evaporated. The extract thus procured weighed 252 grains. One drachm of it was rubbed up with a strong solution of the Carbonate of Soda to remove fatty matters, etc. It lost nineteen grains or 32 per cent., very nearly one-third of its weight. Six ounces of the leaves, therefore, yielded rather more than two and two-thirds drachms of an extract, from which every thing soluble in an alkaline solution had been removed. The method employed resembles that of the Messrs. Smith of Edinburgh. They obtained from 6 to 7 per cent. of their purified extract from the plant grown in India. I obtained 4 to 5 per cent. of the extractive and as the operation was on a small scale and conducted by one totally unversed in practical pharmacy, there can be no doubt that there was sufficient loss to bring up the proportion to 5 per cent. Moreover the American leaves were probably not so dry as the Indian.

The therapeutic powers of this extract were not tested.

To test the matter further, I exhausted three ounces avoirdupois with hot alcohol, and the resultant tincture was placed in the hands of Hance, Griffiths & Co., manufacturing chemists of this city. Four-fifths of this tincture were evaporated by them to the consistency of a syrup and to it was added ten times its bulk of water. The precipitate was washed and dried. When given into my hands, it was a softish, greenish, adhesive resin. Of this I took three-fourths of a grain dissolved in a mixture of alcohol and ether. It produced marked cerebral disturbance amounting to a mild intoxication.

These symptoms were similar to those heretofore detailed, but very much milder. There were, however, no marked periods of unconsciousness, merely a feeling of hilarity and a total inability to fix the attention except for a very short period, and also some prolongation of time.

Of this same resinous extract, my friend, Carl Früh, a graduate of the Philadelphia College of Pharmacy, took one grain. He first felt the influence of it about supper time. His head felt as if some one was violently compressing it, and at the

same time there was a feeling of hilarity, with an uncontrollable desire to talk and laugh, so that those around him asked him what had come over him.

At supper he was almost ravenous, and ate so much that it was noticed by others. Upon attempting to concentrate his thoughts upon any subject, he found it required a very painful effort. In attempting to compound a prescription, he found it impossible to remember more than one ingredient at a time, and even this was almost beyond his powers. In the evening he went to a lecture at the College of Pharmacy. Although he understood all that was said, yet he could not remember it a moment, and at times would forget his surroundings, and then suddenly wake up to find himself sitting in the lecture room. Later in the evening he attended a society meeting, and afterwards went out with a fellow student, but has no recollection of what was said or done. There was a good deal of priapism during the night, and a state of venereal excitement was induced, lasting several days. During the night urine was passed very freely. Before this he had taken two grains of Herring's extract with the result of producing similar symptoms, which were, however, no more intense than those caused by the single grain of the American resin.

Messrs. Hance and Griffith prepared the resin from the remainder of the hemp tincture, by first agitating with milk of lime, filtering, precipitating by sulphuric acid, agitating with animal charcoal, again filtering, concentrating by evaporation, and precipitating the resin by the addition of twice the bulk of water. The resin thus obtained was tested by my friend, Dr. Richardson, in Pennsylvania Hospital, by permission of Dr. Da Costa, the attending physician. One-fourth of a grain of it was found to be sufficient to produce decided therapeutic results; in some cases acting very pleasantly as a hypnotic and calmative; in others, causing evident sensorial disturbance, but rather aggravating than alleviating the distress of the patient.

Having at that time a lady under my care, subject to severe attacks of neuralgia, I supplied her with some of the drug in $\frac{1}{4}$ grain pills. Of these she found one was always sufficient to induce a quiet sleep of some hours duration, from which she generally awoke free from pain. After the limited supply of this preparation was exhausted, I tried with her a similarly prepared extract made from imported Indian hemp plants, but a grain of this did not suffice to quiet the pain and induce sleep.

The above experiments are certainly sufficient to prove that the hemp plant, as grown in Kentucky, contains a sufficient abundance of the active principle, to be capable of yielding a supply to the pharmaceutist. If I am correctly informed, the Indian plant is worth, at wholesale prices, about a dollar a pound in our market. The male seeding plants in Kentucky, after they have shed their pollen, are worthless. It was with such plants the experiments were instituted. A considerable supply of them might be obtained, so Hamilton writes me, for little more than the expense of gathering them, or if the demand should exceed the amount of such male plants, the leaves of the female plants, when ready to be cut for the fibre, might be obtained on the same terms.

Treatment of Scarlatina.

Dr. WALTER FERGUS, of Edinburgh, gives the following practical suggestions on this topic in a recent number of the *Lancet*, (London):

Scarlatina, baffling as it does the ordinary sanitary measures, deserves all the more consideration in the subject of treatment. It is undoubtedly true that some forms of the disease mock the best-devised methods of treatment, but these cases are happily rare. As the malady generally presents itself, few diseases yield to treatment more satisfactorily. The chief point is, not to be overmuch afraid of your enemy, and to put a *quasi* faith in the issue of the battle being on the side of recovery. Medicines easily become poisons in this disease; a smart purge or a repeated emetic not unfrequently changes a moderate attack into one of peril, increasing the danger of all the symptoms. Next to a good supply of air and a comfortable bed, *quietness* is of the utmost consequence; a fussy nurse or over-anxious parents turn the scale against a patient with unerring certainty. Everything about a sufferer from scarlatina should be as quiet and as cheerful as it is possible to make it. An emetic of sulphate of zinc and ipecacuanha wine, in the *earliest* stage of the disease, is of use, helping as it generally does, reaction; but should not be repeated with a view of cutting short a disease which *will* run its course. If the patient can be kept alive for from seven to nine days, he will most probably make a good recovery. After the emetic, the patient should be allowed to sleep as much as possible; the more he sleeps on the first two or three days of the attack the better in all probability will be the result. At the end of that time, in most cases, all sense of depression or oppression will have passed away, quietness being maintained, an uninterrupted recovery ensues. Two remedies have proved almost equally useful: chlorine gas in a sweetened solution is most grateful to the patient, and evidently helps him in his battle; but a better medicine is the liquor of acetate of ammonia, with a considerable excess of carbonate of ammonia, with ten minims of nitric ether in each dose. It should be given in doses repeated with greater frequency in severe cases. Gargles are useful in cooling and

relieving the throat: a weak solution of chlorine gas sweetened, or of Condy's fluid, answers well as a gargle. It is a good practice to make a patient gargle before taking food or medicine. Nitrate of silver or strong hydrochloric acid must be used if there is much blocking of the fauces, or grey patches on their surface. Ice is of immense use where there is either great throat affection or sickness. The pleasantest drink is soda water given freely, with wine if required.

The disease seems to produce a stretching or distension of every soft fibre and structure of the body. All treatment should be directed to the restoration of tone to the distended and weakened structures; with this view iron and quinine may be given early in the attack. From the fifth or sixth day six grains of the sulphate of iron, magnesia, and quinine* should be given *with* the ammonia draught. This mixture may be continued till convalescence is complete. Toward the end, in many cases, the sulphate of iron, magnesia, and quinine may be given alone in from fifteen to twenty grain doses. In this form iron and quinine rarely disagree with a patient, and aperients are seldom required during its use. The external treatment is of great importance; rapid sponging with vinegar and water is called for if the patient does not sleep, or if there is much irritation of the skin. In cases with extreme development of the rash and burning skin, the cold douche, rapidly given, acts like a charm. The patient, placed in a sponging bath close to the bed, has four to five wash-hand basins of cold water poured in quick succession over him, is quickly rubbed dry, and put to bed, when, if the treatment has done good, he drops off to sleep almost at once. Warm baths early in ordinary cases do harm, nor should they be used until a certain amount of restoration of tone has taken place. Anointing with fatty substances early in the disease is not likely to benefit the patient; it may arrest to a certain extent the diffusion of the separated cuticle. Scrubbing a patient with carbolic soap in a bath ought to be postponed till a very late period of the disease. Before the restorative stage is reached, every exertion on the part of the patient should be avoided. Close stools near to the bed should be provided, and kept always charged with a disinfectant. If a warm bath is given, it should be brought close to the bed, and the patient ought not for any purpose to leave his bedroom till he has recovered his strength and appetite.

In none of the cases treated on the plan indicated has there been a disposition to the formidable sequelæ of scarlatina. In many of the cases albumen appeared in small quantity from the fourth to the sixth day, uniformly disappearing in from three to four days. Albuminuria was more frequent in the cases treated with chlorine gas, which was on that account finally abandoned for the ammonia and tonic treatment.

A well-regulated and sufficient diet, with a change of air, as soon as a removal is prudent, completes the recovery. Occupation, especially mental occupation, must be cautiously resumed. The brain, as much as any other organ, suffers from the stretching process of scarlatina. Early in the disease, books, conversation, light, and loud noises should be avoided. Long after recovery the brain frequently shows signs of slow restoration of power.

* The magnes. ferri et quiniæ sulph., as sold, contains, in twenty grains, one grain of sulphate of quinia, three grains of sulphate of iron, and sixteen grains of sulphate of magnesia. In the form of powder it keeps well for a long time, without oxidation of the iron.

Double Spontaneous Dislocation of the Lens.

Dr. H. W. Williams reports the following interesting case in Ophthalmology to the Boston *Medical and Surgical Journal*:

On July 13th, 1869, I saw Mr. M., a healthy man of 35, who gave me the following history:

At about 18 years of age he was told that his iris quivered in both eyes; and this he had himself been able to observe on looking into a mirror. Probably the suspensory attachments of the crystalline were even then relaxed or separated in a greater or less extent.

About a year and a half since, the lense of the right eye passed through the pupil into the anterior chamber, and this phenomenon has been repeated, at intervals varying from two or three weeks to as many months; alway occurring when he stooped or made an effort in lifting. Usually, he has been able to replace the lens by shutting himself for a few moments in a dark closet. The displacement has not generally been accompanied with pain.

He has noticed that when he leaned his head toward the right he saw better, when toward the left he scarcely saw at all with this eye. He wears No. 6 concave glasses, and with these reads No. xxx. of test types at ten feet distance with his left eye. Vision good for reading with this eye.

Four days before I saw him, the right lens became displaced into the anterior chamber, and has remained there, giving him a dull pain in the globe, and causing very slight injection. It appears like a large drop of oil between the cornea and the iris. The pupil is considerably dilated, and the iris is distended by the over-lying lens.

He was placed upon his back in a dark room, and the cornea was gently rubbed with the upper lid, until, after a few minutes, the lens slipped back into the posterior chamber. When his head was upright the lens now covered the inner half of the field of the pupil; when the head was leaned toward the right shoulder nearly the whole field of the much dilated pupil was covered by the lens; but when it leaned toward the left shoulder the margin only of

the lens was visible at the inner edge of the pupil. Evidently the displacement was lateral, without any tilting backward.

When the lens was nearest its normal position he saw, with his No. 6 *concave* glass, nearly as well as with the other eye; when it was laterally displaced he saw best with No 6 *convex*.

On examination with the ophthalmoscope the fundas of both eyes seemed normal. The iris was tremulous in the left eye, and there can be no doubt that in this eye also the attachments of the suspensory ligament have given way to some extent; but as the pupil in this eye was contracted, as a consequence of the large dilatation in the right eye, it was not possible to determine how much dislocation of the lens existed unless after artificial enlargement of the pupil, to which it was not desirable to resort lest anterior displacement might perhaps occur in this eye.

Three large doses of extract of calabar bean were put into the right eye; producing, at the end of an hour, an evident though but slight diminution in the size of the pupil. This proved, however, insufficient to prevent the lens from again falling into the anterior chamber on his making a slight movement forward. It was again replaced by friction upon the cornea, and he was kept on his back, but not in the dark, for some time longer. But even the slight effort of rising from his chair, without any perceptable forward movement of the head, sufficed again to propel the lens through the pupil. It is not unlikeiy that some accommodative effort of the eye may have had an agency in the displacement.

Replacement being once more effected, he was dismissed with directions to put a square of calabar gelatine into the eye every hour, in the hope that sufficient contraction of the pupil might be induced to form a permanent barrier to the escape of the lens into the anterior chamber.

Reviews and Book Notices.

NOTES ON BOOKS.

Messrs. J. B. Lippincott & Co. announce as nearly ready "The Code of Health of the School of Salernum," translated from the Latin, with an historical introduction and appendix, by Prof. John Ordonaux, of the Law School of Columbia College. This poem is famous as one of the landmarks in medical history, rather than in medical science, and, having had the least possible value for the health of any generation that has risen since it was first composed, it long ago became merely a literary curiosity.

BOOK NOTICES.

The Medical Adviser; a full and plain Treatise on the Theory and Practice of Medicine, especially adapted to Family Use. By Regin Thompson, M. D., permanent member of the National Medical Association, etc. Cincinnati: National Publishing Co. 1870.

We are not open to any accusation of bigotry about popular medical instruction. On the contrary, we believe some of our readers have thought we approved too strongly of liberal knowledge on medical subjects. All the more, however, do we insist that when our science is popularized, it shall be done by skilled and reputable writers; all the readier are we to castigate and expose the impudent charlatan who, under the pretence of teaching the masses, merely blows his own trumpet, and pushes forward his own narrow theory.

We have examined with becoming care the specimen pages sent us of the work mentioned above, and we warn, in the most emphatic tones, all physicians against recommending or endorsing it, as many, no doubt, will be asked to do. The simple fact that the author is a member of the "National Medical Association"—a body of advertising empirics—is enough to stamp the book as worthless. But we will not let what some might call our prejudices influence us. Let us turn to the work itself.

The author is a south-western herb-doctor, who loses no opportunity to sneer at regular practice and laud his teas and extracts. He is not over burdened with modesty. The success of his treatment he assures us, is "unprecedented." On page 70, he says he is "able to select the exact articles to meet the indications in fever." In erysipelas he is not less happy; "my cases all recovered" he informs us on (p. 220.)

He prides himself not a little on his "plain and clear style." His friends he adds, "impressed it upon him that he possessed the peculiar qualifications necessary to write a family medicine book. Jocose friends! And he, poor man, actually believed them. Here is a specimen of the "plain and clear style:" "At the *post-mortem* examination the pericardium was found inflamed, especially its diaphragmatic portion; its vessels were distended, and spots of ecchymosis were found beneath the serous membrane."

We should like to know how many farmers and housewives could make anything out of that.

What surprised us not a little, was that commendatory letters accompanied these pages from Dr. W. K. Bowling, of Nashville Tenn., Dr. J. A. Thacker, Editor of the *Medical Repertory*, Cinn., and some other medical gentlemen of repute. We cannot believe that these gentlemen knowingly endorsed such stuff as this by an irregular practitioner. It would appear that Thompson sometime ago wrote a book on fever which received some favorable notices, as the author naively remarks: "A part of these testimonials was written for his Treatise on Fever, but they will apply as well to this, as his Treatise on Fever is embodied in the Adviser."

This is probably how Drs. Bowling and Thacker are committed, and we hope they will both aid us in exposing this attempt to palm off medical hash on the public under the sanction of their names.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 5, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

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PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

COSMETICS AND COSMETIC SURGERY.

In the *Annales d'hygiene* for 1862, Professor O. REVEIL, of the faculty of medicine of Paris, has an article on cosmetics in their relation to public health, (*Dés cosmétiques au point de vue de l'hygiéne*). When it is remembered that precisely those drugs and chemical agents, which are most actively poisonous, enjoy the highest reputation for their beauty-bestowing power, and yet that the manufacture and sale of these agents in secret preparations, engage millions of dollars of capital annually, in every civilized country, the importance of this inquiry as a branch of state-medicine, becomes very evident. We do not doubt that thousands of cases of obscure disease are now under treatment in this country, which are, in fact cases of poison by cosmetics.

As examples, we have but to refer to the suggestive article by Dr. SAYRE of New York, in the last volume of the Transactions of the American Medical Association, where several instances are given of poisoning by *one* cosmetic, a popular means of whitening the skin, which contains lead, by induced saturnine poisoning.

Yet lead is far from being the most dangerous ingredient in secret cosmetics. Various salts of mercury, especially white precipitate and corrosive sublimate; prussic acid, bismuth, and arsenic, are still more widely used.

Hitherto, very little attention has been paid in this country to this important fact in the public health. In France, it has been, and is the subject of stringent yet not effective laws. It has been found impossible to prevent the venders of secret beautifiers from employing the dangerous, yet potent, and efficacious drugs we have mentioned. This failure is confessed and deplored by Prof. REVEIL in the last edition of his *Formulaire des Médicaments Nouveaux* (p. 648), and as the only means left, therefore, to combat this growing evil, he gives a number of recipes for cosmetics, dentifrices, hair oils, depilatories, blanches for the skin, etc., which are efficacious, and which do not contain any of those virulent and noxious substances we have mentioned.

His course is undoubtedly the only one by which the public health can be guarded at this point. But it has one serious disadvantage. Physicians should, indeed, acquaint themselves with the formulæ and mode of use of such innocent cosmetics, but it is nevertheless true that they are but rarely applied to for such in-

formation. The public are aware that the profession as a body pay little attention to such matters, and furthermore, every druggist keeps a store of preparations of the kind constantly on his shelves. However, very few persons have any idea of the risk they run in using these preparations. They must be made aware of their danger before they are urged to avoid it, and simple and harmless means must be placed in their reach, to substitute for those noxious ones which they otherwise will certainly use.

Impressed with these facts, two physicians of this city, one of them the associate editor of this journal, and the other a frequent contributor to its pages, have written a work intended for the general reader, on the hygienic cultivation of physical beauty.* It enenters at length into the arts and mysteries of the toilet, points out many injurious preparations which are sold as cosmetics, explains their dangers, and gives in place of them numerous recipes which are without risk, and yet of real service. The authors do not by any means stop here, but recognizing the love of the beautiful, when properly educated, as one of the purest and noblest traits of humanity, they define the proportions and artistic rules of the perfect human form, and mention all the resources which hygiene, medicine, and surgery, and even the arts of the shops have devised to attain and simulate such perfection. Some of the revelations are curious in the extreme, and every reader can find much to interest and instruct them. A number of pages are devoted to the consideration of obesity and lameness, and "Bills of Fare," are given, carefully drawn up from the best authorities, and adapted to American life, by which by diet alone, the weight can be increased or diminished with unfailing certainty.

Gymnastics, orthopedics, perfumes, the care of the hair and skin, the removal of scars, marks, and other unsightly blotches, and a great variety of other topics are treated of or referred to, and the work closes with a review of a large number of previous works on the same subject, among which we notice a number of names which rank among the foremost in the profession in Europe, but very few indeed in this country, so that our authors may be considered pioneers in this useful department of State medicine and popular hygiene.

* Personal Beauty: how to cultivate and preserve it in accordance with the laws of health. By D. G. Brinton, M. D., and G. H. Napheys, M. D. 1 vol. 8 vo. pp. 346. W. J. Holl and, publisher, Springfield, Mass. Sold by subscription only.

BABY-FARMING IN PHILADELPHIA.

We read with astonishment and horror the revelations concerning "baby farming" in London, which were published about a year ago, in various English medical journals. That such an abhorent crime was carried on within a few squares of our own office was a fact of which we did not dream. But within the last few weeks the detectives have been investigating a case which has brought to light the existence in Philadelphia of a house where illegitimate infants are received and so cared for, that their death is the result within a few months. According to the report made to the Mayor by the detectives, children whose parentage is not recognized by law are received immediately after birth, at the house in question, the proprietress of which states, "that she makes it a business to take charge of new babies, and keep them until they die," adding, "they don't live long, generally not longer than four or five months!" This woman further stated to the detectives that she had received from one person, whose business it is to take care of the mothers, seven or eight babies, all of whom, with the exception of one, died. Her mode of feeding is to give them fresh cow's milk, diluted with water—*three-parts water*—boiled, and mixed with loaf sugar. For this care and attention the woman charges $3 per week, while those who send the unfortunates to her are responsible for expenses in cases of sickness and death.

It will readily be perceived by the above that the death of the helpless children is expected as a desirable result of their treatment.

There is reason to believe that this infamous trade of infanticide has been in existence for many years in this city, and that certain villains calling themselves "doctors" and claiming a respectable position in society have been if not participants in the nefarious business, at least cognizant of it, and have thus indirectly countenanced it. Every honest man, will hope that such rascals will be discovered and exposed. It is the duty of every physician who attends families, where infants are "taken in," to acquaint himself with the food and treatment they receive and if he sees anything suspicious, anything which looks as if the design is to get rid of the babies, instead of to bring them up, then he should report his suspicions at the Mayor's office. This detestable practice must be rooted out of our city.

Notes and Comments.

Office in New York.

It will be observed that we have opened an office in New York at 737 Broadway. Mr. Z. P. Hatch, who is well known to the medical profession, having long been engaged in business connected with medical publications, will attend to the interests of all the serial publications of this office, in that city and vicinity, or wherever business may call him. The large and constantly growing demand for our publications north and east of this point, and our large advertising patronage from New York and New England, require that we should have a local habitation in New York.

M. Claude Bernard.

The Paris correspondent of the *Literary Gazette* gives an interesting sketch of this eminent physiologist:

He was born at St. Julien, a small village near Villefranche, Rhone county, to which, unlike most Frenchmen (they are absolutely indifferent to their birth-place; M. Sainte-Beuve never once revisited his, although it is only a few hours from Paris; M. Theophile Gautier once revisited his native town, and remained there forty-eight hours,) he is devotedly attached. He has added to the patch of vineyard his parents possessed, and now possesses quite a large vineyard. He regularly goes there to superintend the vintage, and remains there until he has sold his wine. He retains the friendship of his old playfellows and his parents' cotemporaries, and delights to grasp their hard hands when they greet him with "Good day, Bernard, how art *thou*?" To which he replies: "Thank, *thee*, Frise, and *thou*?" M. Bernard's parents were extremely poor. His mother used to carry eggs to Villefranche to sell from door to door. She determined to give him a good education, and when he completed his studies she expressed a desire to see him enter a dry goods' shop. His good fortune, however, led him into an apothecary's shop. He became infatuated with chemistry, made rapid progress in it, had his attention turned to physiology, studied under Magendie, who took a fancy to him and pushed him up with all his influence. Two or three years ago M. Claude Bernard fell ill at St. Julien, and was confined to his bed for six months. His wife, who after her first visit positively refused to return to "that horrible hole," did not go to see him once during his long illness. He deeply felt this exhibition of indifference, and it is said to have been the last, the decisive wrong which led him to bring suit for divorce. Two children, daughters, issued from this marriage. He is now a member of the Academy of Sciences and of the French Academy, a senator, a professor at the College of France and at the Garden of Plants, all of which places yield him an income of some $10,000 gold annually.

A Private Asylum.

When so much is being said against private asylums for mental diseases, we are pleased to quote a tribute to that which for so many years has been under the care of Dr. BLANCHE, near Paris. A correspondent of a literary cotemporary writes of the life of the French author Antoni Deschamps. He attempted a translation of Dante, but in the midst of it his mind, overwrought by the flights of the Italian's imagination, became shattered, and Antoni Deschamps was obliged to seek refuge in the famous private insane asylum of Dr. BLANCHE, who was so kind and so considerate to literary men and artists. How many of them lost reason in the chronic fever of Paris life and were restored to self-possession by that excellent physician's care, attention and skill! Antoni Deschamps's insanity was intermittent, and, in the lucid intervals, he was fully conscious of his painful affliction. During reason's eclipse his favorite freak was to empty his purse into the hands of the poor he met, copper, silver, gold, bank notes—everything went until the purse was emptied. In four years' time Dr. BLANCHE cured him. Meantime he had formed an attachment to the house, an insane asylum as it was, and he made it his home for five and thirty years. Dr. BLANCHE died, and his son succeeded him, still there poor Antoni Deschamps remained, making a mad-house his home.

The Climate of the Bahamas.

A correspondent of the *N. Y. Tribune* speaks of the island of Nassau as a health resort. He says:

The climate is marvelously fine. The thermometer, I am told, will scarcely vary four degrees in as many months. The air is balmy, without being enervating. There is positive enjoyment in breathing it. It has frequently wrought almost incredible cures in lung difficulties. There are not a few people living here now, in apparently perfect health, who came here dying with consumption.

The hotel here is the finest structure on the island. It was built by the Government, not very long since. It is now exceedingly well kept, and would compare not disadvantageously with the best New-York hotels. The opportunities for boating, sporting, and driving, are excellent. The roads formed of the native rocky bed of the island, are as good as concrete. Altogether, these are charming Winter quarters, where, instead of hail and snow, and stormy blast,

> "Blossoms and fruits and flowers together rise;
> And the whole year in gay confusion lies."

Dr. Paul Schœppe.

This medical man now under sentence of death in this State for the murder of Miss Steinecke, is certainly one of the most ill-fated men, or one of the wiliest of criminals. He has been respited on the ground that the evidence of poisoning in the case of the body was unsatisfactory, which was true. Then Professor Greist of Berlin, Prussia, wrote stating that Dr. Paul Schœppe, under sentence of death for murder, at Carlisle, was probably the same Paul Schœppe who had been convicted of grand larceny and forgery in Berlin, in 1862, and who afterwards emigrated from Prussia to America. The coincidences were certainly very remarkable. The names were the same, ages about the same, both were students in German Colleges, both had fathers who were country clergymen, both fathers occupy questionable positions, and both emigrate from Prusia to America. In addition to all this, we are informed upon competent German authority that the name "Schœppe" is not a common one. Now we have two affidavits, which throw strong doubt on the assumed identity of the two Paul Schœppes. There are three affidavits, but one of them amounts to nothing. Charles Pache, who was a witness in the Berlin trial, and is now a resident of New York city, swears that he has visited Dr. Paul Schœppe, in prison, and does *not recognize him* as the Paul Schœppe tried and convicted in Germany in 1862; and F. A. Botticher, also of New York, testifies that he was a fellow student of Dr. Paul Schœppe, of Carlisle, at the gymnasium at Zulichau from 1859 to 1863, a year later than the Berlin trial. These are fair offsets to the letter of professor Greist, but they do not by any means conclude this extraordinary case of coincidence.

The forger Paul Schœppe of Berlin had a father who was implicated in the crime; so has the alleged murderer Paul Schœppe. In fact we are inclined still to believe that Dr. S. has no worse fate than he deserves.

Maternal Impressions.

A correspondent at Philipsburg, in this State, relates the case of a woman, who, in the second month of pregnancy, was greatly alarmed by treading on a rattlesnake. The animal was dead, and its bowels were protruding from the wounds it had received. The spectacle made a deep impression on her. She aborted at the seventh month, producing a male child, dead, and the bowels protruding from the umbilicus, surrounded by a dark colored sac. As such fetuses are not very unusual, we doubt whether, in this instance, the malformation can fairly be considered certainly derived from the fright.

☞ We have unfortunately mislaid the letter that accompanied the article in this number, on Syphilis, and thereby lost the name of the author. Will the writer please communicate with us?

Correspondence.

DOMESTIC.

The Turkish Bath.

Editors Med. & Surg. Reporter.—Having recently had a personal demonstration of the most agreeable and effective mode of bathing which I have seen or tried, I deem it appropriate to present the subject to my professional associates as an effective assistance of medicinal treatment of many diseases, especially those which need a very thorough perspiratory operation. The plan referred to is of that class denominated Turkish Baths, but this one being under the direction of a professional gentleman, viz: Charles H. Shepard, M. D., some additional very pleasant and effective arrangements and modes of administration have been adopted by him, the entire operation being more useful and agreeable than that of any plan before known.

The first step of the operation, is the occupation, by the patient of a room, the atmosphere of which is peculiarly dry and warm, wherein the body, being unclothed, saving a cloth around the loins, remains on a comfortable seat about fifteen minutes, with the feet placed in a vessel partly filled with pure warm water, the head having been previously moistened so that by the evaporation of the water the brain is kept free from any possible congestion.

The next step is into a room still warmer where the person remains about fifteen minutes more, or until the perspiration accumulating upon the cutaneous surface has so moistened the outer skin and debris, which is being constantly deposited thereon, as to render its removal feasible by the succeeding process.

The individual is then removed to an adjoining room, the atmosphere of which is also warm, and there he lies upon a bench where the entire cutaneous surface is immediately and very effectively treated with several operations by a very energetic and competent shampooer, after which thorough operation the patient stands up and the whole body receives agreeable application of water in the form of very numerous small streams, whereby it is thoroughly cleansed, and then if deemed appropriate he is invited to plunge his person into a reservoir of water of a lower temperature, whereby the cutaneous circulation is further improved; and being immediately afterward perfectly dried, he is removed to another agreeable room where he sits upon a very convenient bench, with the body well covered with flannels. This concluding process occupies some ten or fifteen minutes more, during which time the body is gradually cooled down, the pores are closed, and the person yields to the refreshing influences of the

bath. By these processes the cutaneous circulation is inevitably benefited, and the nervous system greatly purified and strengthened. It is very manifest that many of the febrile irritations, cutaneous diseases, rheumatism, internal congestive, and inflammatory troubles, catarrhs, pulmonary, gastric, and intestinal irritations, several nervous troubles, and most other disorders which require the purification of the blood, it being thus very effectually performed, are by this means very greatly relieved, and the entire structure, both internal and external, is greatly improved. It would be pleasant for most professional gentlemen, (and also ladies) to call and test the operation, so that its happy efficacy may be appreciated personally, and its assistance to their medical treatment of patients may be known. Dr. Shepard is quite willing to demonstrate its influence upon the person of every professional colleague. His address is 63 and 65 Columbia street, Brooklyn, Long Island. Different houses are appropriated to ladies and gentlemen. J. H. GRISCOM, M. D.

New York, Jan., 1870.

Uterine Hydatids.

EDS. MED. AND SURG. REPORTER:—There is reported in current, vol. No. 2, a case of "uterine hydatids." I will add the following case from my note book: First called to attend Mrs. A., aged 39 years, on February 24th, 1868, for uterine hemorrhage, with dropsy, as she thought, found her pale, anæmic, complaining of great debility, which confined her to bed; enlarged abdomen, equal to 7th month of pregnancy; lower extremities edematous, presenting the general appearance of a case of ascites; had her last regular catamenial period 23d December, 1867; attacked on 28th January following with uterine hemorrhage, which has continued with greater or less severity to this time. She dates her ill health and this enlargement from her last period mentioned, to which time she had good health. Has had seven children, with two abortions. Prescribed bi-tart. potass., with astringents and tonics, etc.

On 11th March following was taken with uterine pains, followed by the expulsion of an hyatid mass, which filled twice an ordinary chamber vessel, varying in size from a pea to a marble. At this time she was greatly prostrated; gave ergot, opium, and stimulants; uterus contracted well; all enlargement and trouble gradually disappeared under the use of iron and quinine, and she is now in good health. All this trouble, as by dates, occurred within less than three months, and was attended with such symptoms that I must confess that I did not make out a correct diagnosis until the expulsion of the mass, but was in doubt as to the cause, and treated the case on general principles, according to the symptoms most prominent. Had I been led to suspect hydatids, how would I have verified the fact otherwise than by waiting?

T. M. WOODSON, M. D.

Gallatin, Tenn., January 21st, 1870.

Another correspondent furnishes a second case.

I was called, Oct. 11th, 1869, to see Mrs. B., aged forty, married lady, the mother of six daughters and one son, the youngest child two and a half years old. Found her flooding, but not profusely. She gave me a brief history of the case, as follows, viz: She stated that she was pregnant; had not menstruated for near seven months; was very large and had felt motion for three months.

From my examination and the history of the case I believed my patient to be pregnant, and that placenta prævia was the cause of the flooding. I gave anodynes, and instructed her to keep her bed while the flowing continued. She continued to flow every third or fourth day up to Jan. 1st, 1870. I was called to the case 9 o'clock, A. M.; found her in labor pains, weak and flowing; made vaginal examination; found os dilated to the size of a 50 cent coin; the touch was that of placenta prævia as I believed; gave fluid ext. ergot ʒj. every two hours; pains became stronger and stronger, and the flowing rather alarming. I sent for Dr. D. W. CRAIG in council, but he did not arrive until the hydatid contents were expelled, and the patient tolerably comfortable. After pains were strong and continued for two days, longer and stronger than in former confinements. The lacteal secretion more profuse than when confined with her former children. From her own history of her case she was eight months pregnant and flowed every third or fourth day for three months previous to her confinement. She convalesced rapidly and is now able to attend to her household duties.

Aledo, Ill. GEO. IRVIN, M. D.

Is Quinine a Partus Accelerator.

EDITORS MED. & SURG. REPORTER.—During the past fall, I have had two cases come under my notice, having a bearing upon this question. I will state the facts in as few words as possible.

Mrs. V——, is the mother of five children, and is now pregnant with her sixth child. I was called to see her last September and found her complaint to be chill and fever—she was then four months advanced in pregnancy—a child being expected in a few hours, I gave her eight grains of quinia, and left her to see another patient a few miles beyond. On my return she told me she was in labor, the pains being regular, and seemingly natural as at full term. I got her under the influence of morphia as soon as possible, when her pains gradually left her, and she had no return of them up to the time I last saw her, about six weeks since, although she has suffered from intermittent fever repeatedly.

The second case was that of Mrs. F——, pregnant for the first time. When called to see her, I found her suffering from chills and fever; although then free from pain, I learned that during the past few days, she had had severe abdominal pains, which she believed were due to the severity of the chills and fever. She was seven months pregnant; had taken considerable quinia, the last dose about twenty-four hours previous to my seeing her. Instead of quinia, I directed Fowler's solution to meet the next attack. That night (before taking any of the solution) she was delivered of a dead child. After this I gave quinia without any of the pains, which she said had followed its previous administration. Typho-malarial fever followed and she is now convalescent. Both patients resided on low ground near water, the first being a location most favorable for invasions of intermittent fever; the latter was removed to a higher location as soon as she could be moved.

Kansas. A. BURT, M. D.

Adherent Placenta.

EDS. MED. AND SURG. REPORTER:—On October 28, 1869, I was called to see Mrs. Conor, and arrived at six in the evening. She stated that she had been sick since morning. After waiting until she had a few pains, I told her that I would leave, as her pains were so light I thought she would not need me that night, when she replied that the "water had broke." Upon making an examination I found the os uteri dilated considerably. I waited a few hours, but the pains were hardly to be noticed on her; but there was a continued bearing down of which she complained a good deal. At different examinations I found the os uteri dilating, and the head advancing steadily until about two o'clock in the morning, when there was no more progress in the labor. Waiting a couple of hours, I gave ergot, repeating the doses some three times. The uneasiness and continued bearing down were again experienced and kept increasing with scarcely any intermission, until daylight, when she was delivered of a boy, in all respects healthy, except that the right little finger and the one next to it were wanting. Waiting an hour, and the placenta not coming away, I attempted to deliver it, and found it attached to the uterus. This is the sixth or seventh case of attached placenta that has occurred in my practice. In removing an adherent placenta, I gradually introduce my hand into the uterus, as directed by the books, but never withdraw it until the placenta is entirely detached, when I withdraw it, and bring the whole of it away at once. I do not think that, if properly managed, that it is ever necessary to bring away a placenta by piecemeal, nor to leave any of it attached to the uterus, as some maintain.

Several years ago a lady addressed me with tears in her eyes, stating that she was again pregnant, and that this time she would die, that in her last three confinements the placenta was attached, and every time she came nearly dying afterwards; which I knew to be the case, having heard the particulars each time. Her physician told her that if she eve became pregnant again she would die. I told her not to be uneasy about it, that I would get her safely through, that I never knew a case to die from adherent placenta if properly treated. She stated her physician could not get it near all away, and that she had to lie for weeks after her confinements from weakness caused from discharges of matter (pyæmia, no doubt). At the fullness of her time I was sent for, and found her in labor, and in some 6 or 8 hours she was delivered of a dead boy. When I came to deliver the placenta, I found it attached to nearly the whole surface of the uterus. I was not discouraged, for I felt certain I would succeed in removing it without injuring her materially. When I introduced my hand I commenced with the ends of my fingers and continued to separate the placenta from the uterus gradually, turning my hand slightly, and going around between the uterus and placenta until I got it all separated, and then brought the whole of it away at a time. I afterwards introduced my hand again and brought away clotted blood, etc. I do not think that I left one-fourth of an ounce of the placenta. The lady recovered in three weeks, so as to be up and assist in her household duties.

In the former of the above cases it took me about fifteen minutes to remove the placenta; in the latter something over half an hour. I desisted several times during the operations to give my patients rest. They did not complain much from pain during the operations.

The death of the child in the second case was no doubt caused from interruption of circulation, caused, during labor, from adherent placenta.

E. A. OPPELT, M. D.

Loogootee, Ind., Jan. 3, 1870.

Gross Malpractice.

EDS. MED. AND SURG. REPORTER:—Dr. ——— was called to see Mrs. ———, who was in labor; pains were feeble. He gave her an opiate. In the night, some time, he was called to see her. Her pains were returning, but not strong enough. He gave ergot, waited, but becoming impatient he turned the child, but during the operation the uterus ruptured! After he had turned he could not deliver the head. He severed the head from the body with a knife! He then sent for counsel, but before the counsel arrived he reached up for the head, but it had escaped out of the uterus into the abdomen, and he at length found it but could not

deliver it. He then thought he had hold of the navel string and made traction until it gave way, when he placed it with the placenta. One of the ladies present discovered an intestinal worm in it, and on examining it she found it to be a piece of the woman's intestines. He (the doctor) told her if she had anything to say that she had better say it soon, for she could not live half an hour. She wished to see her minister but she died in ten minutes. Post-mortem examination was held by two physicians, who verified the above to be correct. The notorious Dr. got off by paying $300 to the husband!!! Cheap wife. This notorious man is practising in the same village, and there are enough to take his part by saying that any physician is liable to mistakes!

Ohio. M. D.

News and Miscellany.

The Sea Serpent.

Whatever may be the fact concerning the actual existence of the sea serpent in the waters of our present ocean, says the Yale College *Courant*, the results of recent very interesting explorations prove conclusively that this monster was not a myth in past geological times. Prof. O. C. Marsh, who has for some time past been investigating the character of the vertebrate remains found in the Tertiary green sand of New Jersey, describes, in the November number of the *American Journal of Science*, a new and gigantic fossil serpent, to which on account of its size, he has given the name Dinophis grandis. This remarkable animal, belonging to a new genus, as well as species, is represented by a single dorsal vertebra, now in the college museum. From this specimen Professor Marsh concludes that the animal must have been not less than thirty feet in length, and was probably a sea serpent, allied to the boa constrictor of modern times. The vertebra was found in the Eocene green sand, near Shark river, Monmouth county, N. J., and was presented to the museum by Dr. W. S. Kimball, of Eatontown.

More wonderful still, however, are the remains of several new species of that most remarkable of all ancient reptiles, the Mosasaurus, discovered by Professor Marsh, and described in connection with the serpent. This order of reptiles combines in itself features of serpents, lizards, and plesiosaurs. The Mosasaurus itself is described by Professor Cope as a "long slender reptile, with a powerful pair of paddles in front, a moderately long neck and flat pointed head. The very long tail was flat and deep like that of a great eel, forming a powerful propeller." A view of one species of this formidable animal is given in a plate in the *American Naturalist* for April last, reprinted in the December number of *Harper's Magazine*. It is the animal seen on the right, having a forked tongue, and rearing from the water. One of the new species discovered by Professor Marsh, to judge from the almost complete skeleton in his possession, was probably not less than seventy-five feet in length! Its head measured five feet, and its jaws were set with enormous teeth. Associated with it were two smaller species, named by Prof. Marsh, M. Copeanus and M. Meirsii, respectively. And also a new genus of marine saurians, which he names Halisaurus, represented by two species, H. platyspondylus and H. fraternus. Either the Dinophis or the Mosasaurus fullfils the requirements of the modern sea serpent. And in the early Tertiary era, the New Jersey waters must have swarmed with these marine monsters.

Eye Salve.

The Springfield (Ill.) *Journal* records a trial in the County Court which is interesting to all persons who have ophthalmia. Torrey, the plaintiff, had inflamed eyes. He saw advertised the celebrated "Dr. Walker's Chemical Eye Salve," and he purchased a box of that renowned medicament. He applied it to one eye before going to bed, and of that eye he awoke in the morning stone blind—to the damage, as he said in his declaration, of $10,000. Upon this, to make matters sure, he salved the eyes of a dog with the same sovereign remedy, and the dog became as blind as Homer in a a few hours. The defendant, the druggist who sold it, proved, however, that two hundred persons had used the salve, and that none of them had totally lost their sight. Verdict for the defendant. Moral: Be careful how you use quack preparations for the eye, and, whatever happens, never sue a druggist.

Contamination by Zinc Tanks.

M. Riurek calls attention in the *Dingler's Polytechnic Journal*, to the fact that water, kept in small reservoirs made of zinc or collected from roofs covered with zinc is invariably contaminated with that metal, and that the use of such water for domestic purposes is highly injurious to health. The author recommends that where zinc vessels are used for the purpose indicated they should be painted over with asphalt varnish or any iron pigment.

French Infant Protection Society.

This Society of Lyons wishing to encourage mothers to nurse their children, will give at its meeting in 1870, a prize of $60 to the author of the best paper on the following subject: "Concerning the influence of nursing on the body and mind of the mother; of accidents and sickness which follow the neglect of this duty."

Improvements in Bellevue Hospital, N. Y.

A pavilion is to be constructed in front of the Bellevue Hospital on the river bank, where very hard cases of compound fracture are to be treated. Another improvement is that amputations are in future to be performed in a portion of the hospital set apart for that purpose, and now undergoing repairs. A number of youth are to be employed as ushers to direct strangers to whatever part of the hospital building they may desire to visit, and this new order will be much appreciated by visitors.

Civil Hospitals in Paris.

More than eight millions of dollars have been expended within thirty years upon the several civil hospitals in Paris, which contain 19,600 beds. Places of amusement pay a tax of eight per cent. on receipts, for the support of hospitals, and a heavy tax is also laid on every piece of ground purchased for cemeteries.

——We clip the following from a western newspaper: These overgrown youths would do well to husband their strength. Benjamin F. Keplinger, of Rush county, Indiana, who is 15 years old, six feet high, measures 46 inches round the chest, weight 235 pounds, and wears No. 12 boots, accepts the challenge of George W. Crawford, of Sciota county, Ohio, who is 15 years old, six feet and one inch high, 41 inches round the chest, weight 188 pounds, and wears No. 10 cowhides, to a trial of strength for $1,000 a side.

——The Castor Bean Plant, it is reported, exhibits extraordinary vigor in Los Angelos, Cal. It is asserted that five pounds of seed to the acre will yield an average of twelve hundred or fifteen hundred pounds for a crop. A manufacturing company in San Francisco offers to purchase all the beans that can be supplied, and are preparing to manufacture the castor oil of commerce on a large scale.

——A writer says: "Housemaid's knee" (a swelling of the knee caused by this class of servants kneeling to scrub and perform other domestic duties) is now called by the London surgeons "ritualistic knee," as a sly hit at the high churchmen who are always making genuflections. I mention this for the benefit of your lexicographers and medical students.

——The culture of the Cinchona treee in St. Helena, is progressing satisfactorily. The plants are all in excellent health, and have a fine, green, vigorous appearance. There are now about 4,000 plants out, and it is thought a sufficient number can be obtained from them to stock the whole colony.

——Dr. ELIZABETH BLACKWELL has commenced the practice of medicine in London.

——An exchange says: An elongated gentleman in Paris, Ky., was boasting that of five neighbors he was the smallest, although he weighed 225 pounds, and was six feet high. In the midst of his remarks, John Howard, of Bourbon, came in, and stepping up behind him, easily stretched his chin over the top of the boaster's head. Mr. Howard is six feet and ten inches high, and weighs 296 pounds.

——A bill has been introduced in the House of Representatives of Louisiana for the protection of holders of insurance policies in that State. This bill has many excellencies, and among other things requires the deposit of State bonds to the amount of $50,000 with the Treasurer of the State of Louisiana for the security of policy holders.

——The Brazilian specimen of "Old Uncle Ned" is announced to have died in Bahia, at the very respectable age of 150. The old man's memory was so green that it reached back to the year 1760, and his mental faculties are said to have worn fully as well as his body.

——One hundred and fifty babies have been found in the little basket crib at the door of the New York Foundling Asylum since the 20th of last November.

——A new variety of cinchona, yielding a larger percentage of quinine than any species yet analysed, has been discovered by the quinologist to the Madras government.

QUERIES AND REPLIES.

Severe Cerebral Pain.

EDITORS REPORTER: Will you permit me to ask a little advice and information in regard to an affection of the *head*, for which I have failed to find any cure or remedy? It is a case of two years' standing. The person is a lady of excellent general health; has never had a serious illness of any kind, but has since two years suffered with great sensitiveness in the head, to the touch, and to all loud sounds,—the noise in the street, music, bells, etc., accompanied with a noise in the ears, like the "singing" of a wood fire. She does not have much headache, but occasionally a constant, but not severe, pain back of the ears. Has tried electrical treatment, and has been treated by a celebrated U. S. physician, but neither the cause nor cure can be found. Will you inform me if it is a *curable* disease, or if it is probably to end in *deafness*. The hearing is *now* painfully acute and sensitive. The patient is unable to bear any loud noise without great distress. The ears have no wax. She has used almond oil, but the sensation is painful, and she cannot bear cotton wool inserted.

By advising me you will greatly oblige

A LADY SUBSCRIBER.

New York, January 21st, 1870.

Gleet.

We have received several replies to the query of Dr. D. F. A. We give them: "We are sometimes liable to make wrong diagnosis by making superficial examinations. The disease, "gleet," is prevailing; but the *term* "gleet" is much more so. I would advise D. F. A. first to examine his patient for a *stricture*, and if there is none, second to examine the gleety discharge for *spermatozoœ*,

either by microscope, or by the other, less reliable, means. In spite of "the good habits of the patient generally," I would be particularly inquisitive about his (previous or present) habit of whether *onanist* or not, which would throw at once sufficient light upon the case.

By any means I would not try too many medicines, but would strongly recommend him to *take a wife.*

Elmira, N. Y. L. V.

Another correspondent (from N. J.) suggests also that the case is a stricture.

Dr. D. H. O'L., of Magnolia, Iowa, forwards the following prescription:

℞. Bals. copaibæ, ℥j.
Fld. extr. cubeb, ℥jss.
Spt. æth. nit. dulc., ℥ss.
Tinct. ferri chlor., ℥j. M.
f.℥j ter die half hour before meals. Use with this an injection of ten grains sulphate of zinc to the ounce.

This treatment he has used long and successfully.

Dr. G. S. G., of New York, has used in a limited number of cases, with gratifying results, the following injection:

℞. Potass. chlorat. pulv., ℥iv.
Aq. rosæ, Oj. M.
ft. solutio.

Sometimes he has increased the strength to grs. xxv. to the ounce.

Carbolic Acid.

Reply to Dr. J. B.—(To query I.) The comparative strength of the crystals and the (chemically pure) solution of the acid, is the following: "distilled water takes up five per cent. of pure acid, and it will hold no more; therefore the solution prepared in our Laboratory is a saturated aqueous solution, holding precisely five per cent." Standard formula of James Nichols & Co., Boston, Mass. (Vide Boston Journal of Chemistry, vol. III., No. 5, Nov. 1st, 1868, 50 *cts. per annum only.*)

(To query II.) The use of pure crystals is very limited, f.i. as an escharotic in surgery. The aqueous solution of James Nichols & Co., Boston, is the best adapted for medical purposes.

Elmira, N. Y. L. V.

Ascites.

A correspondent in North Carolina has a case of this disease which has been repeatedly tapped, but not materially benefited. He says: "The patient desires, after the next operation, to have a permanent orifice kept up, so that when the accumulation should prove troublesome she can remove the plug and let it flow off, in order to avoid repeated tappings.

This would be a novel method of treatment to me, and I write to know if it be practicable, and the means to be employed to accomplish the end."

Vaccine Virus.

Dr. De F., of Connecticut.—"I send you a crust from an infant a few months old. Is it as good as one from a child six or eight years old?"

Answer.—We believe that the age of the subject makes, *ceteris paribus*, no difference in the character of the crust.

French Diplomas.

Dr. J. B. B., of California.—"Please say whether a French diploma (i. e. one given by a school of medicine in France) is in Latin or French."

Answer.—In French usually.

Dr. C. R. J. K., of N. H.—"What work do you recommend on diseases of women, pregnancy, etc.?"

Answer.—Those by Cazeaux, Thomas, and Bedford, are worth your money.

OBITUARY.

B. W. DUDLEY, M. D.

Prof. Benjamin Winslow Dudley, widely known in the West and South as a surgeon, and as a successful teacher of surgery, died in Lexington, Kv., on the 20th of January. He was over eighty years old, and a native of Kentucky. After graduating at the University of Pennsylvania he completed his medical education in Europe, being a pupil of Baron Larrey, the Imperial Surgeon in France, and studying in Bartholomew's Hospital, under Mr. Abernethy, in London. He held the Chair of Surgery in the Medical College of Lexington for many years, and gained a reputation as a charming instructor as well as that of a successful operating surgeon.

MARRIED.

EDWARDS—BALLOU.—In Woonsocket, R. I., 26th ult., by the Rt. Rev. Thomas M. Clark, Dr. D. M. Edwards and Laura Ballou, daughter of Dr. Ariel Ballou, all of Woonsocket. No cards.

JENNE—GEORGE.—In Topsham, Vt., Jan. 10th, by Rev. F. A. Crane, Dr. Roswell C. Jenne and Miss Lestina E. George, both of East Topsham.

MORRIS—MCVITTY.—Jan. 4th, in Patterson, Ohio, by Rev. J. B. Strain, W. H. Morris, M. D., and Miss Hattie McVitty, daughter of Mr. John McVitty, of the above named place.

OWEN—IVES.—Jan. 22, at the St. James Hotel, New York, by the Rev. Dr. E. R. Beadle, of Philadelphia, Dr. Henry E. Owen and Sophie L., daughter of the late Lawson C. Ives, of Hartford, Ohio.

PAULLIN—LAMBERT.—On Thursday morning, January 6th, 1870, by the Rev. J. R. Murphy, D. D., Dr. George Mecke Paullin, of Canton, Salem county, N. J., and Miss Anna B. Lambert, youngest daughter of the late John H. Lambert, Esq., of Salem, N. J.

PRICHARD—COY.—By the Rev. D. N. Kinnil, at the residence of the bride's father, in Kaneville, Ill., Jan. 10, 1870, J. W. Prichard, M. D., formerly of Rome, N. Y., and Miss Debbie Imerta, only daughter of B. A. Coy, Esq.

PERRINE—STEVENSON.—January 19th, at St. Peter's Church, New York, by the Rev. Alfred Beach, D. D., William W. Perrine, of Milwaukee, Wis., and Harriet, youngest daughter of the late Dr. Miles Stevenson, of Chazy, Clinton county, N. Y.

STEWART—SNOWDEN.—January 6th, by the Rev. W. B. McKee, Thomas H. Stewart, M. D., of Murraysville, Pa., and Miss Sallie G. Snowden, of Hoguestown, Pa.

DIED.

TURNER.—In this city, January 20th, Willie Stanton, only son of Dr. Charles P. and Julia M. Turner, in the 8th year of his age.

GREENE.—In Pontiac, Michigan, January 11th, 1870, Marshall S. Greene, M. D., aged 35 years.

Dr. Greene was a graduate of Jefferson Medical College in 1858. He had obtained an enviable reputation as a physician, and was justly celebrated for his surgical skill. Though he was wealthy he applied himself to the practice of his profession and to his studies with an ardor and enthusiasm rarely equalled.

METEOROLOGY.

JAN.	17,	18,	19,	20,	21,	22,	23.
Wind.....	S. E.	N. W.	W.	E.	W.	E.	S. W.
Weather.	Cl'dy Rain.	Cl'dy	Cl'dy	Cl'dy	Clear	Cl'dy	Clear Sh'wr
Depth Rain	2-10						
Thermom....							
Minimum..	36°	36°	21°	25°	25°	22°	40°
At 8, A. M.	50	47	32	36	38	33	50
At 12, M...	59	46	36	45	45	44	57
At 3, P. M.	60	47	37	46	45	45	61
Mean.....	51.25	44.	31.50	38.	38.25	36.	1-10
Barometer..							
At 12, M...	30.2	30.3	30.2	30.1	30.2	30.3	30.2

Germantown, Pa. B. J. LEEDOM.

THE
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Original Department.

Communications.

ESSAY ON CHRONIC ULCERS.

Read before the Philadelphia Hospital Medical Society,

By S. Henry Dessau, M. D.

Resident Physician, Philadelphia Hospital.

There is no ailment nor affection in the domain of Surgery more trying to the skill of the surgeon than a chronic ulcer. It might almost be called the opprobrium of surgery; but fortunately for the comfort of the patient, and the reputation of the surgeon, it sometimes yields to treatment.

It is a common error with young surgeons to pass the subject of chronic ulcers by, with little thought, and with a slight disgust at the effort of curing them. Though not always a dangerous affection, yet they are a great hindrance and embarrassment to a certain class of the community who are hard working people, and whose health is their bread; and if we can relieve them so as to enable them to earn their daily bread, surely we have accomplished a great good, and, perhaps, won a reputation that may send us bounding on the high road to prosperity and fortune. It is for these few reasons out of as many more, that I would call your attention to this subject. There is no finer opportunity for studying the various classes of chronic ulcers and observing the result of different plans of treatment, than in the surgical wards of this institution, and it is from this source that I have gained my views on this subject, which, together with the plan of treatment found most successful in my hands, I will present to you.

The result of my observations has been, that all non-specific chronic ulcers may be divided into two groups. First, those known as varicose ulcers, caused by the bursting of a cluster of varicose veins; and second, those arising from simple ulceration, the result of an abrasion or wound, becoming complicated with a varicose condition of the neighboring veins.

In both varieties, the varicose condition of the veins is the key to the chronic condition of the ulcer—in the first division having existed previously to the ulceration, and in the second division, the ulcer not healing promptly, the veins becoming varicosed, owing to a want of proper tone of the parts. This want of tonicity, may be easily explained, when we consider the general occupation and the manner of living of the class of individuals in which this affection is mostly seen.

With this knowledge in view, the pathology of a chronic ulcer is at once patent. The dilated veins not being supported by the relaxed derma, or not being deligated by the surgeon, are unable to withstand the hydrostatic pressure of the blood—the parts surrounding the ulcer become congested and consequently irritated, causing a low and unhealthy degree of inflammation in the cellular tissue, thus retarding the healing process, and producing that hardened and œdematous appearance so often observed in a chronic ulcer.

It is well, therefore, in those cases where a simple ulcer presents itself to our notice, to regard it with due deference, and endeavor to repair the solution of continuity with all possible speed, and place the patient in such a way as to avoid the annoying subsequent complication of varicose veins. So also, if we heal quickly the recent ulcer from a ruptured vein, we may prevent the patient from suffering for many years, of a disgusting sore, to which, after the system has become habituated, it might be dangerous to his general health, to heal.

Unfortunately for the patient, he generally neglects to consult a surgeon, especially if be-

longing to the laboring classes, until he is compelled by the severe irritation of the part to leave his work; and I have often seen the sore looking angry and sloughing, and sometimes having an erysipelatous inflammation, when the patients present themselves, the result of long continued neglect, and an impoverished condition of the general system, as this class of patients are not usually well fed, and do not observe the strictest cleanliness of person.

It is my belief that the general condition of the system has a large share in retarding the healing of this class of ulcers, the blood being poor in nutritious elements, so that the parts cannot take to themselves the proper amount of material for forming new tissues; and I have found that where ferruginous tonics and good food were given in addition to the use of local applications, the result was happier and speedier. Where there is a syphilitic taint in the system, iodide of potassium is the remedy *par excellence*.

The treatment with which I found greatest success was as follows: In a recent ulcer caused by the bursting of a plexus of varicose veins, there is scarcely any application better than the oint. of the oxide of zinc, and when irritated and inflamed, even if erysipelatous, the additional use of lead water and opium is most advantageous. The Tr. ferri chloridi with quinia, or what is as good, the Tr. ferri comp., of the house, is a valuable constitutional remedy in this stage.

℞.	Tr. ferri. chloridi,	f.ʒj.	
	Cinchoniæ sulph.,	gr. viij.	
	Strychniæ,	gr. ¼.	
	Syrup et aquæ, q. s. ft.	f.ʒj.	M.

S. A teaspoonful for a dose.

In the chronic variety, where the edges are hard and the secretion of pus unhealthy and scant, a stimulating ointment as the following:

℞.	Ung. hydrarg. nitrat.,	ʒij.	
	Potass. iodidi,	gr. xx.	
	Pulv. rhei,	ʒss.	
	Cerat. simp.,	ʒvij.	M.

will prove of advantage. As a preliminary measure, the enlarged veins in the vicinity of the ulcer should be tied from above, in order to relieve the parts of the undue venous congestion. If there is a tendency to sloughing, it is best to touch the parts with the liq. hydrarg. nit., one part to four of water, previously to using the ointment. As soon as healthy pus is produced, and granulations have sprung up, it is well to change the stimulating ointment for one which is milder and more soothing.

℞.	Emp. plumbi,	ʒj.	
	Cretæ prep.,	ʒiv.	
	Ol. olivæ,		
	Acid. acet.,	aa. f.ʒss.	
	Plumbi acet.,	℈j.	M.

Such an one I have found to answer in Kirkland's Neutral Cerate, given above, a preparation recommended by Sir Benjamin Brodie, but whose therapeutical virtues were inexplicable even by that learned surgeon. Oxide of zinc ointment answers also, but I prefer the Kirkland, and so do my patients. The ointment is applied on patent lint picked apart, so as to make a light dressing, and one which will act as a drain to the ulcer, by capillary action. A very small quantity of the unguent should be applied. I consider it judicious to sometimes exchange the dressings for each other when either has been used for any length of time, as the parts, becoming so accustomed to the application, fail to respond as steadily as is desired. Occasionally local depletion is required, and is best effected by tapping the congested parts in numerous places with a sharp, straight bistoury. In all cases a bandage should be applied to the leg, to and above the knee, firmly to the foot, and merely supporting the calf. Rest of the limb facilitates all efforts at curative interference. The Tr. ferri. comp. is depended upon most especially in these cases. Sometimes after the ulcer has been granulating nicely, it will suddenly become indolent, though the granulations remain healthy. In such a case strapping the ulcer with the Emp. resinæ is a time-honored plan, and one attended with the most gratifying results.

I have especially avoided mentioning the medicated dressings, such as the carbolic acid and permanganate potassæ wash, because I believe the first does harm, and the latter not especial good, where depended upon solely. The carbolic acid has a great tendency, from long continued use, to harden the parts and dry up all secretions, so that the sore remains open and hard, and consequently very painful. The good carbolic acid would do, would be at first, as a stimulating application, but not even then to be applied often. Permanganate potassæ is a fine application as a detergent wash, assisting the reparative process, doubtless by its stimulating properties. Nit. silver is a valuable agent in hastening the healing process, when used carefully and judiciously. But a too free use of the application rather irritates the sore, than induces it to heal. The same may be said of the frequent use of acid applications.

CEREBRO-SPINAL MENINGITIS.

By N. H. Canada, M. D.,
Of Knightstown, Ind.

(Read before the Medical Society of Indiana.)

A very fatal form of disease generally known by the name of Cerebro-Spinal Meningitis has prevailed in different parts of the country, sometimes as an epidemic, sometimes sporadically, for more than half a century. It is unfortunate, however, that it has received the name cerebro-spinal meningitis, as it is thereby confounded with another disease long known by that name, which is purely inflammatory in its nature, differing very materially from the one under consideration.

The old disease consisted of an inflammation of the membranes of the brain and spinal cord; whilst the present disease, is in my opinion, a blood disorder, and does not always attack those membranes, but its force is sometimes spent upon the lungs, the pleura, the stomach or bowels, etc.; and sometimes there being no evidence to be found after death, of inflammation having existed at all.

I had my first introduction to it in the spring of 1863, in a neighborhood some six or seven miles north of this place, and lost three patients in less than a week, and in very short distance of each other, one dying in twelve hours, one in three days, and one in a week. Several others died in the neighborhood during the spring. Since that time it has prevailed sporadically in that and the adjoining neighborhood, proving very fatal.

There is no disease, perhaps, with a single exception, that wears such varied masks of symptoms as the one under consideration, behind which, however, a great uniformity of characteristic lesions exist. While one writer classifies it as cerebro-spinal meningitis, another as a pneumonia, and a third as a malignant intermittent or typhoid fever, the lesions are essentially the same in all, though varying in degree and location.

One post-mortem lesion, however, has been noticed in every autopsy that has come under my notice, in which it has been mentioned at all, namely, *a dissolution of the blood.*

Professor Dickson, formerly of South Carolina, now of the Jefferson Medical College, Philadelphia, who wrote a work on the Practice of Medicine, in 1855, describes this disease under the name of Typhoid Pneumonia.

This was the only account that I could find or gain access to at the time of the invasion of our own neighborhood, that gave anything like a faithful description of the disease we had to contend with. He says the disease is distinguished by its extreme liability to undergo modifications of history, symptoms, and results. That in its invasion there is an indefinite uncertainty as to the organ or part which is to suffer primarily, or upon which the chief force of morbid determination will be directed; thus, the brains, the throat, the lungs, the stomach, and bowels may each in turn become the centre of morbid actions, and the functions of the viscus thus assailed are frequently put a stop to at once, and its very structure destroyed.

[The writer adduces a number of other authorities which we are obliged to omit.—Eds. Rep.]

In the post-mortems that I have witnessed, we found the blood fluid and dark, notwithstanding we found the blood-vessels of the brain and its membrane all congested, with effusions into the subarachnoid cavity, and adhesions between that membrane and the pia mater, and with other evidences of inflammation.

Dr. Weist, of Richmond, Ind., in his prize essay, says: The blood is found to be dark and fluid, or containing soft clots, giving evidence of its disorganization, and this condition is met with, even when death has occurred at a very early period after the attack; also, the microscope shows the red corpuscles shrivelled or crenated on their margins, etc., etc.

There might be abundant other evidence brought forward to prove that the first link in the chain of morbid action is in the blood, and I believe also that there is an inflammatory element in the disease, and that one or the other predominates in every case, and that both show themselves in most cases. But in order to treat the disease with any hope of success, we must keep an eye to the blood disorder and not be led astray by the symptoms of inflammation, let them be located where they may.

PUERPERAL CONVULSIONS.

By J. F. H. Patterson,
Of Clifton, Ohio.

Mrs.——, aged 26, who had always menstruated irregularly, as to time, quantity, and quality, and in the proportion of these irregu-

larities suffered with an agonizing and indescribable cephalalgia—was attacked July 24th, 1869, in the eighth month of her first pregnancy, with a malarial fever of the remittent type (or form). Having "touched" her gums once with two grains of calomel, and, owing to idiosyncrasy, her system having on former occasions, rebelled against quinine and opiates, I endeavored, for the first three days, to avoid the use of the above valuable remedies. But on the fourth day, the patient gradually growing worse, I commenced the administration of quinine, in two grain doses every two hours, and continued until eighteen grains were taken during the remission, and to my surprise it exhibited none of its former evil effects, but slightly ameliorated the following exacerbation. Eighteen grains were again administered, as before, with no evil effects, and apparently little good. Twenty grains were administered during the following paroxysm, with about the same result. About the middle of the paroxysm following this, she was attacked with labor pains, which I could not relieve, but the labor progressed more regular, easy, and rapid than first labors usually do, and in sixteen hours she was safely delivered of a well-formed child, which lived three hours.

Very free perspiration had accompanied the three paroxysms previous to labor, and in the second stage of the labor, which occurred during a paroxysm, accompanied each violent uterine contraction as naturally as if the patient had been in good health, although her pulse was about 120, and the headache excruciating.

After the labor had terminated, she took a little nourishment with quite a relish, and seemed refreshed and much better, so far as the fever was concerned, than upon former days at the same hour. The death of her child shocked her, but the effects were not so prostrating as I feared in one naturally so excitable and nervous as she.

At her usual bedtime she was very restless, and as quinine had produced no evil effects, I presumed that opium might also be ventured. I accordingly gave her grs. ij., and was delighted to find that, contrary to all her former experience with the drug, she had rested better during the night than at any time during her illness. On the following day, August 1st, no quinine was given, hoping that the shock of labor, together with the quinine already given, had produced a revolution in the system that would demand no further active treatment. But the paroxysm came on as usual, with about the same violence that had characterized it for the last four days, but the nervous system was more prostrated. I then called in consultation, Dr. E. Thorne, of Yellow Springs, a physician of long and extensive experience, who saw her with me once and twice a day during the remainder of her illness. He agreed with me in diagnosis and advised the continuation of the quinine, with the addition of gr. ss. calomel every two hours for twenty-four hours, which also, strange to say, did not salivate, but acted beneficially. About this time, August 2d, 9 P. M, the patient became, for the first time, slightly delirious for a few hours, then slept well until 4 A. M., when a second paroxysm supervened. We then concluded to use the following:

℞.	Quiniæ sulph.,	gr. ss.
	Ipecac.	gr. j.
	Camphoræ,	gr. ij. M.

S.—For one dose every two hours; and had the patient's body sponged with tepid water every three hours, which conduced much to her comfort.

But at 12, M., while I was standing by her side, delirium came on, the veins of the head, neck, and upper extremities began to bee normously distended, and seeing that convulsions were threatened I immediately bled her in both arms, and as I did not succeed in drawing but about sixteen ounces, owing to the spasms and contractions of the muscles which supervened, I continued to apply the lancet, after short intervals, until I had bled her five times, and drawn about thirty-six ounces. Once I was compelled to stop the flow of blood, owing to syncope, but that had only the effect to *ameliorate* the paroxysms, not to arrest them. The convulsions were not of the most violent kind; there was but little frothing at the mouth, and rapid protrusion of the tongue; yet they did not intermit, but only abated occasionally to again increase in violence, for about four hours.

Dr. T. arrived while I was bleeding her the last time, and fearing after prostration we stopped the bleeding. Whenever the patient could swallow, Potass. bromid. in 20 gr. doses, was given; in all about 80 grs. during the attack. But the first thing that seemed to give decided and permanent relief was the douche applied to the head. Several gallons of the coldest water from the well was poured upon

different parts of the head, in a moderate stream, from a height of eighteen inches. This terminated the decided twitching, and in half an hour the patient was in full possession of her mental faculties, and could converse intelligently and with ease, and continued so for eighty hours, giving us much encouragement to think that she would completely recover, excepting only that that she was much prostrated. But at the end of that time she was suddenly attacked with violent subsultus tendinum, which lasted half an hour, after which she relapsed into unconsciousness and was "in articulo mortis."

Her system struggled with the grim monster for *thirty-one hours*, and finally yielded at 11, A. M., Aug. 8th. I have given this account of this case to your readers, because it was new and strange to me in the following particulars:

Complete absence of a former decided idiosyncracy with respect to three prominent remedies; an easy natural labor occurring in the midst of such a violent malarial fever, affecting it so little and being so little affected; the almost entire absence of delirium; the complete return of consciousness and almost every other favorable symptom, after the eclanpsia, and yet followed by death. I would note also the failure of prompt and free venesection, as well as the administration of the much lauded Bromide of Potassium.

And would remark that the violent headache accompanying menstruation, I believe to be a manifestation of the same indescribable sympathy existing between the uterus and brain, which resulted finally in puerperal convulsions and death.

A BIOGRAPHICAL SKETCH.

of John Archer, M. B.

Late of Maryland.

John Archer, M. B., was born in Harford county, Maryland, on the 5th of May, (O. S.), 1741. He was the son of Thomas Archer, a farmer, residing near Churchville in that county.

He received his rudimentary education at Nottingham Academy, in the adjoining county of Cecil, at that time a school of extensive reputation. Here he was a classmate of Dr. Benjamin Rush, with whom an intimacy continued until his death. In 1760 he took the degree of A. B., at Nassau Hall, and three years later, that of A. M. He then studied Theology, with a view to the ministry in the Presbyterian church; but a severe throat disease depriving him almost entirely of his voice, he abandoned the pulpit altogether, and turned his attention to medicine. In the spring of 1765 he entered, as a private pupil, the office of Professor John Morgan, and attended lectures in the College of Philadelphia, a medical department having just been engrafted upon it by Professors Morgan and Shippen. Until 1768 these two gentlemen constituted the Faculty of this new department, which was the germ of the present University of Pennsylvania.

Between his second and third course of lectures, Dr. Archer practised physic in Newcastle county, Delaware. After attendance upon his third course, he took his Degree on the 21st of June, 1768. This being the first graduating class on this side the Atlantic, there was no slight contest as to who should receive the *very first medical diploma conferred in the New World.* This honor was obtained by Dr. Archer.

The diploma which Dr. Archer received on this interesting occasion, is still preserved by his descendants.

After receiving his degree, and declining a proffer of partnership generously extended to him by his preceptor, Prof. Morgan, he returned from Delaware in July, 1769, to the spot of his nativity, and commenced with energy the practice of his profession. This, however, did not prevent him from engaging early, and with much spirit, in the great revolutionary struggle of the day. The recommendation and suggestion of the first Convention of the State, which met in June, 1774, were authoritatively extended by Committees of safety appointed in the several counties. These Committees, among other duties summoned before them and tried such persons as refused to comply with the plan of non-intercourse with England so long as she persisted in her schemes of oppression. Their judgment in these cases were published to the world, and persons condemned by them were ever afterwards looked upon with contempt. Dr. Archer was a member of the Committee of his native county, and right faithfully—as tradition informs us—did he perform the important and responsible duties pertaining thereto. He could tolerate neither tories nor neutrals—the latter he regarded with fiery impatience; the former with bitter animosity:—nor do these strong feelings seem to

have lacked paternal fostering; there being extant a letter which he received from his father whilst in attendance upon lectures in Philadelphia, in 1764, containing a description of the burning in effigy of the stamp-officer, a recreant son of Maryland, who had accepted the infamous position for lucre. The old man's heart seems to leap with joy as he depicts to his son the rbellious scene, which he himself had witnessed in his own neighborhood.

Although the Doctor's professional services were in great requisition, (there being at that time no other regularly educated physician in the county,) he found time to drill a regiment of militia, or minute-men, which he had been selected to command; though for this purpose, owing to his defective articulation he was obliged to have recourse to a speaking trumpet. He was selected as a delegate to the State Convention which met in August, 1776, to ratify the Constitution framed a short time before by Congress. This Committee also drew up and adopted the Bill of Rights.

Whilst in Congress, 1801 to 1805, his reputation as a skilful physician caused frequent demands for his services by his professional brethren of Washington, Georgetown, and the vicinity, in their most difficult cases. On the expiration of his second term, he again addressed himself energetically to the pursuit of his profession. But he was now growing old, and the physical man was evidently on the decline. In a letter written from Washington in the spring of 1802, we find him saying, "I shall be a very valetudinarian in my old days, and begin to investigate what will best agree with me, who once knew no difference in any kinds of diet, who could eat anything, without fear, that was suitable for nutrition. But those days are gone with the days before the flood." A few years afterwards an attack of partial paralysis, induced by rheumatism, incapacitating him for the discharge of his duties, he withdrew entirely from active pursuits, and died suddenly, on the 28th of September, 1810, in the seventieth year of his age, at his home, "Medical Hall," while sitting in his easy chair. His remains lie in the Churchville burying-ground, the inscription on his tomb being simply a record of his birth and death. For nearly half a century he was a member, and for the greater portion of the time, an elder of the Presbyterian church, as was his father before him.

In 1826 Dr. Revere, contemplating the publication of his "Biography of Eminent Physicians of America," wrote to one of Dr. Archer's family for information respecting him. To a non-compliance with this request is to be attributed the absence from Dr. Revere's volume of any notice of him. The neglect to furnish the requisite data on that occasion is greatly to be regretted, since, at that time, many persons were still living who were familiar with the minor counts of his life, the record of which in the few of his letters that remain is lamentably meagre. Enough is extant, however, to show that he made several discoveries in his profession. Among these, besides his application of senega to the cure of croup, (the success of which, for many years, was astonishing,) may be mentioned the proper mode of administering Peruvian bark in intermittent fever, *to prevent relapse.* This consisted in exhibiting the bark one day in anticipation of the well-known tendency of the disease to a weekly return,—to be persevered in for several weeks,—a practice which seldom fails to cure, permanently, the most obstinate cases, and is now generally adopted by the profession; though, of course, quinine, the active principle of the bark, is at present substituted for it, and used in the same way. This plan having been learned from him by one of his pupils, who subsequently took his degree at the University of Edinburgh, was made the subject of the Thesis which he defended on that occasion. He had the effrontery to send his old preceptor a printed copy of the Thesis, (in Latin,) although it did not contain even so much as a *hint* of the source to which he was wholly indebted for the information.

Whilst a member of Congress, Dr. Archer, by a series of experiments in Georgetown, also brought to light the interesting, and in some cases, important fact, that vaccination, if performed in the early stage of whooping-cough, will so mitigate it that it can scarcely be recognized as a disease. We have, too, the unquestionable authority of Dr. R. H. Archer, a son and student of his, that he had often known his father to use, in cases of fractured thigh, the identical apparatus which subsequently became famous as "Physick's Modification of Desault," long before it was applied by Dr. Physick. It is not supposed, however, for a moment, that the eminent surgeon last named knew of Dr. Archer's previous modifi-

cation and use of the apparatus. In Hooper's *Medical Dictionary* with Additions, by Samuel Akerly, M. D., may be seen the following brief sketch:

"Archer, John M. D., of the State of Maryland; a celebrated practitioner of medicine. Many contributions of his on various subjects of medical science are to be found in the New York *Medical Repository*. He was the first to introduce seneka snake-root (polygala senega,) as a remedy in croup. He died in 1814."

The date of his death here recorded, is, however, incorrect; he died, as before stated, in 1810. His degree, as given by Dr. Akerly, is also erroneous; it should be M. B., for it seems he was called *Doctor* only by courtesy, having never applied for the second degree. The Institution, in the first year of its organization, adopted a rule that two degrees, M. B. and M. D., should be conferred, and requiring that three years should intervene, In 1792 this rule was discontinued, and the present one, conferring a single degree, was adopted. A sketch of him is also to be found in Lanman's *Biographical Dictionary* of the American Congress.

Dr. Archer had nine children, six of whom (all sons) reached years of discretion, five of them selecting medicine as their profession, and studying under their father's preceptorship. The youngest of these five, George W., died whilst a student. The other four, Thomas, Robert Harris, John and James (named in the order of their ages), completed their medical studies and practiced their profession. The remaining one, and the youngest of the family, was the Hon. Stevenson Archer, for many years Chief Justice of Maryland. They have all passed away. Four of them, however, left numerous descendants, among whom the ancestral proclivity for nomadic life seems not yet to have died out. Many of them still live in Maryland, some in Pennsylvania, several in Texas, and they are becoming quite numerous in Mississippi, with a sprinkling in Louisiana. As before stated, a member of one of the collateral branches removed, many years ago, to Virginia, or Carolina, and when William S. Archer, of Virginia, and Judge Archer were in Congress together, they traced out a remote relationship. Gen. James J. Archer, of Maryland, who commanded a brigade in the Southern army, and died in Richmond during the war, was a grandson. Hon. Stevenson Archer now represents in Congress the same district which was formerly represented, at various times, by his father, Judge Archer, and his grandfather, an outline of whose history we have endeavored to sketch.

Hospital Reports.

PHILADELPHIA HOSPITAL.

January 26, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(REPORTED BY HERMANN W. NEWCOMB.)

The closing remarks of my last clinic were to the effect that I should continue the subject of gonorrhœa to-day, by a consideration of its fourth stage. You will recollect, that we had discussed the three first stages, and were just entering upon the last when the hour terminated. The time however that I can devote to this important subject this morning, is necessarily very limited, and I am reluctantly compelled to be brief. I shall however strive to give you a few practical points.

Gleet.

Gleet or blennorrhœa may be defined as a slight chronic discharge from the urethra unattended by symptoms of acute inflammation. But although a simple discharge of mucus, it is of important surgical interest and embraces matters essentially concerning the comfort and welfare of the patient. You should therefore understand its pathology and treatment.

I have said gleet is a discharge from the urethra. Whence proceeds this discharge? It is not from the fossa navicularis, nor is it generally from any point anterior to the bulb, but it does come from the membranous portion, or perhaps from the spongy portion far back, and often from the prostatic. You may generally take it for granted, that while gonorrhœa has its seat anteriorly in the urethra the predilection of gleet is for the curved or posterior part of the canal. The discharge is not purulent, and under the microscope shows no pus globules, it is clear transparent mucus, and may be poured out in some quantity, but it usually does not amount to more than a few drops, slightly staining the man's linen. Perhaps many of you will exclaim, it must be a very simple thing to cure gleet. But gentlemen it is not. You may rest assured, that in many of your cases your utmost efforts to afford relief will be baffled for months and months, and you sometimes will be wholly unable to check the discharge at all. You are good Surgeons and have accomplished a great deal, if at the end of three or four months you can pronounce your patient well. When you are consulted by a man with gleet, the first thing you are to do, is to explore his urethra with a sound or bougie. Now gentlemen recollect what I tell you, and upon no occasion ever omit it. An ordinary bougie with the curve of Sir Henry Thompson, in a delicate hand will communicate

much valuable information, as you may not only ascertain if there is any particular portion of the canal which is morbidly sensitive, but also, if there be a stricture, perhaps the most frequent cause of a chronic discharge from the urethra. For this purpose, do not take a small bougie; but one of sufficient calibre to gently distend the walls of the urethra and enable you to detect the slightest contraction. If it is your intention to introduce the instrument while the patient is in the erect posture, place his back against the wall, in order that he may not change his position during the operation. Separate the thighs, and make him flex the body somewhat upon the pelvis, then holding the bougie lightly in the right hand, you pass it gradually toward the bladder; being on your guard to remark the least evidence of a stricture, and directing the man himself to designate those parts of the urethra most sensitive to the passage of an instrument. In the introduction of all instruments in the urethra of the male, there is an exaltation of pain just as the bougie enters the bladder, and as a usual thing, the patient expresses this by a slight exclamation or cry. You must therefore not be deceived, and attribute it to any abnormal condition, but remember that it is what takes place in almost every instance.

The first case, is one who has entered the hospital for the relief of a gleet, of three month's duration, the discharge being slight. The first thing I do is to pass an instrument, and I find a slightly granular condition of the urethra, but no evidence of a stricture. The withdrawal of my instrument is followed by the escape of a little blood, due to the readiness with which the distended capillaries part with their contents. I think by introducing a full sized bougie daily into this man's urethra, and orderiug Tinct. ferri, chloridi, gtt. xxv three times daily a most admirable tonic and astringent, often acting directly upon the generative organs, we have met every indication.

The next patient, is a man who has had a discharge for weeks, and is now laboring under a frequent complication of gonorrhœa both acute and chronic—namely, swelled testicle, epididymitis, hernia humoralis, or orchitis, as you prefer to call it. As I have just remarked, orchitis is a frequent complication of gonorrhœa, and is dependent upon an extension of the inflammatory action; by means of the ejaculatory ducts, through the vas deferens to the epididymis and to the structure of the testicle.. A well marked example of the extension of inflammation by continuity of structure.

Swelled testicles is rarely developed in the early stage of gonorrhœa, although it may occur in the first week, but more frequently supervening after the fifth week.

Various causes may influence its development, and with some, it seems to be idiosyncratic, following upon every attack of gonorrhœa, while with others, no matter how severe the inflammation may be, there is no tendency toward its extension to the testicle. I can offer no explanation of this, I only know it to be a fact. It may be induced in various ways. Irritating injections will occasionally give rise to it, so will the introduction of too large a bougie, and it is claimed by some, that copaiba and cubebs is an occasional cause. My experience induces me to believe that as a general thing it may be avoided, if the case comes under observation sufficiently early. And with this view, you should make all gonorrhœal patients wear a suspensory bandage throughout the course of the disease, as that is the best possible protection against the advent of swelled testicle. The best form of bandage to employ, is a broad piece of muslin passed between the legs, and kept in place by tying its ends to a band of cloth fastened around the waist. This is simple, cheap, readily adapted and always at hand, besides possessing the merit of giving perfect support to the inflamed and sensitive organs. There are many complicated affairs before the profession, designated suspensories, perineal bands, etc., but there is nothing so good as this simple contrivance.

The treatment for orchitis in the early stage is to be conducted on antiphlogistic principles. You all know what that means, and there is no necessity of my going into any minute detail. You prescribe those agents that control the force and frequency of the heart's action, you keep the patient at rest, restrict his diet, and keep the genital organs well supported. You may take blood from the arm or better still apply leeches, not upon the scrotum as I have seen done in more than one case, but immediately over the external abdominal ring where the spermatic cord enters the pelvis, thus intercepting as it were the fuel that is being supplied to the flame. The number of leeches it is proper to use, of course will vary with circumstances, but you should aim to abstract in this way from eight to twelve ounces of blood according to the strength of the patient. If the patient has been taking copaiba or cubebs, you discontinue them and stop all injections. If there is much pain you control it with an anodyne, and as a local application the formula that I shall prescribe for the patient before you, is perhaps as good as any. It consists of a drachm of opium and four drachms of muriate of ammonia added to cold water and kept constantly upon the scrotum by saturating cloths with the solution. No oiled silk should be used, as you wish to facilitate evaporation in order to get a refrigerant effect. If cold applications are not well borne, you may employ warm ones. Simple water answers a very good purpose, if you prefer to do so, you may medicate it in various ways, as for instance with acetate of lead and opium.

I will devote a few moments to the consideration of the next case, one of gonorrhœa in the declining stage, and therefore well adapted to the employment of injections and the so-called specific treatment. The following combination is a very good one:

℞. Copaibæ, ℥j.
Syrup. acaciæ, f.℥j.
Sodæ bicarb., ℥ij.
Spts. ætheris nit., f.℥iv.
Ol. gaulth., q. s.
Aquæ camph. q.s. ut ft., f.℥viij. M.
S—A tablespoonful four times daily.

To this you may add morphia if there be pain, or, indeed, any agent to meet indications that are not fulfilled by those already in the combination. If you desire to make a very elegant prescription, two or three drachms of the compound spirits of lavender may also be added. The copaiba is your specific, and the acacia is added as an emulsifier. The bicarbonate of soda will correct excessive acidity of the urine, and render micturition less painful, while in the spts. ætheris nit. you have a gentle diuretic and refrigerant. The ol. gaulth. is added merely to disguise the unpleasant taste and smell of the copaiba, and in the aqua camph. you have a good vehicle, as well as an agent that probably acts in a measure as an anaphrodisiac, and a preventive of chordee. The substances to be used as injections, recommended by various authorities, are without number, all of which probably answer a purpose. In the case before us, we will try the efficacy of a combination of a red wine (Port is as good as any), of which we will take two ounces, and add to it eighteen grains of tannic acid and four ounces of distilled water. This is to be thrown far back into the urethra three times daily. There is quite a little art in the manner of giving an injection, that is not understood by every one. The urethra is not an open tube, except it be distended by the passage of urine or an instrument, consequently, when diseased, its inflamed surfaces are constantly in contact, thus tending to aggravate the morbid action. Owing in part to this circumstance, treatment when conducted under the most favorable auspices, is not always successful, and if the application of your various medicinal agents to the affected structure be not properly made, you perceive the chances of a speedy termination of the disease are materially lessened.

The manner of giving an injection is an important matter then, and upon which will rest, in a great degree, the success you will meet in treating gonorrhoea and gleet. It therefore behooves you to pay strict attention to what I shall tell you. In all instances, instruct your patient as to the mode of making an injection, and administer one yourself, in order that he may the more thoroughly understand it. Previous to making every injection, the bladder should be emptied, both to clear the urethra of pus and mucus, so that the injection may come in contact with the mucous membrane, and also that a certain period may elapse before the urine is again voided, thus giving the substance you have thrown in, whatever that may be, sufficient time to act. The prepuce having been retracted, and the exposed glans grasped between the thumb and finger of the left hand, the nozzle of the syringe is passed its full length into the urethra, and kept firmly in position by the thumb and finger which hold the head of the penis, thus preventing the escape of any of the fluid. The piston of the syringe is then forced slowly down, the whole of its contents being discharged into the urethra. The solution is allowed to remain a few moments within the canal, and is then permitted to escape, and, if you think necessary, repeated once or twice. By following this method you bring your injection in contact with the entire surface of the urethra, and derive a benefit from the procedure that you will not probably as completely attain by following any other mode.

Scabies.

I now leave the subject of gleet which we have so cursorily touched upon, and proceed to the consideration of the "bug-bear" of students—skin diseases. I acknowledge the subject is a dry one, but at the same time a general idea of it will be of great advantage to you, and I think you will be amply repaid if you endeavor to follow me closely. This will be no difficult task, as I shall not enter into a discussion of the many classifications with which this branch of our science is encumbered, nor, indeed, shall I confuse you by attempting any classification at all, but confine my remarks to some interesting and practical points in connection with *scabies*, and the peculiar mode of treating it at the St. Louis Hospital, in Paris, with which were connected such men as Bazin, Cullerier, Hardy, and Duvergie.

Scabies, or in vulgar parlance, itch, many of you perchance know, is a parasitic disease, caused by the presence of the *acarus scabiei*. It is characterized by vesicles which may even become pustules, and is accompanied by intolerable itching. It usually begins between the fingers, extends to the wrists, axillæ, abdomen, and sometimes over the entire body, with the exception of the face, which is, perhaps, never affected. Upon close examination of one of the vesicles of scabies, there may be detected a minute spot, representing the aperture originally made by the insect upon its first entrance beneath the epidermis, and from which may be followed a delicate, faintly white line into the surrounding epidermis, the curriculus or burrow of the parasite. By reason of the excessive pruritus, patients scratch themselves violently, which, breaking the little vesicles, causes them to become covered with thin,

yellowish scales, or may even convert them into pustules. This explains the peculiar appearance of the patient before you, who has superadded the irritation of constant scratching to that produced by the acarus, and having broken the little vesicles there has formed little blackish scales somewhat resembling those of prurigo.

At the St. Louis, in Paris, no less than 50,000 patients are treated for skin diseases in one year, and sometimes as many as 1,300 in one day. Scabies is treated by a method introduced by Duvergie and Bazin, by which cures are effected in the short space of two hours. So successful has been this treatment that no patients suffering from scabies are permitted entrance, and the wards formerly assigned to this department have been abolished.

The treatment consists of baths and the application of an ointment, having in view the destruction of the acarus. The sufferer is first immersed in a warm bath, and for half an hour industriously scrubbed with sapo viridis or ordinary scrubbing soap. This is followed by the thorough application of an ointment, consisting of lard eight parts, sulphur two. This having been done, another bath is administered, which, in case of a child or a very delicate skin, is rendered alkaline. This constitutes the whole treatment, and it certainly has had the most remarkable success. The rationale of its action is the destruction of the parasite. In this hospital, our facilities for instituting such a course of treatment are very poor, but we will carry it out in the case before you as closely as possible, and see if we meet with success. When in Paris, I saw eczema, one of the most frequent cutaneous diseases of a non-syphilitic origin, treated by simply enveloping the affected parts in an india-rubber covering, and literally sweating the disease out. Mercurial fumigation is often resorted to in the treatment of skin affections, and you may frequently derive advantage therefrom. You are generally recommended to use, for the purpose of fumigation, the red sulphuret of mercury or cinnabar; but this does not answer the purpose near so well, as the protiodide, bichloride and the biniodide of mercury, as it is not so readily volatilized. The process by which you may give a mercurial vapor bath is a very simple one. All that is necessary is a cloak of oil cloth, sufficiently large to envelop the whole person, and a fumigating apparatus, consisting of a tin framework, with an iron plate, and a small spirit lamp so arranged as not to endanger the patient. The cloak is tied around the patient's neck, he having previously removed all his clothing, and then seating himself upon an ordinary chair or stool. The apparatus with the spirit lamp lighted and the little basin filled with water, is placed beneath his person, and then upon the iron when heated, is sprinkled the protiodide or bichloride of mercury. The water is converted into steam, the mercury into vapor, and being confined by the cloak, every portion of the body is subjected to its influence. Profuse perspiration is the result, which, if you think proper, you may promote by giving warm drinks, such as tea and hot lemonade. This operation of fumigation should not be continued more than from ten no twenty minutes, at the expiration of which the patient should go at once to bed, and covering himself warmly, should remain there until there is no longer any tendency to perspire. These baths may be repeated four or five times weekly, but should never be given oftener than once a day.

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the Medical and Surgical Reporter

January 12th, 1870.

Abscess of Nates.

The President, Dr. J. Ewing Mears, in the chair.

Dr. Dessau presented a report of a large abscess occurring in a man, fifty-two years of age, who was admitted into the Surgical wards for an injury to the forearm, cellulitis being subsequently developed. The abscess was situated in the gluteal region of both sides, being suddenly developed and not causing pain, the patient being at the time very feeble from the irritation of the cellulitis in the forearm. A thin, dirty colored and highly offensive fluid flowed from the abscess incision. The patient survived fourteen days after the discovery of the abscess. On a post-mortem examination the abscess was found to extend over the sacrum, from the sacro-vertebral junction above, to the upper end of the anal crease below. On the right side it extended over the entire surface of the gluteus maximus muscle, to a point corresponding to its insertion, and a little below the trochanter major. On the left side it overlaid the middle third of the gluteus maximus muscle for its sacral or inner third, and then burrowed into the substance of that muscle and the gluteus medius, forming a channel about four inches wide and about six inches long, which expanded as it reached the inner side of the great trochanter, ascending an inch and a half above the upper border of that process, and descending to the outer side of the thigh to about four inches below the prominence of the trochanter major. It dissected to the outside of the thigh, as far forward as the outer border of the rectus femoris muscle, and above to the anterior superior spinous process of the ilium. The capsular ligament of the left hip joint was exposed on its upper surface, for a short space. The interesting features of the case were,

the vast extent of the abscess, which was probably caused by a long continued decubitus in an extremely exhausted condition, no pain being complained of, and life lasting fourteen days, under an immense discharge of pus from an already depurated system.

Dr. MEARS said that the case reminded him of a former patient, suffering from phlegmonous erysipelas of the leg, who lost 400 ounces of pus, by measure, before death occurred. The case had been reported in the journals.

Puerperal Convulsions

Being the subject for discussion—Dr. Wm. G. Porter, Jr., gave an account of four cases which had come under his observation. In two of the cases, labor was ushered in by convulsions; in a third case they came on during the 1st stage of the labor, and again appeared in the 2d stage; in the fourth case they came on several hours after the completion of a natural and easy labor. Barnes' dilators were used, in the 1st case, to expedite the dilatation of the os, forceps being used to effect the delivery. The forceps were also applied in two other cases. In one case, ether was used without depletion, with the effect of controlling the convulsions. In the other three cases, ether alone failing, depletion to the amount of 12 to 20 ounces, effectually accomplished the purpose. One case, after depletion, was treated with moderate doses of opium frequently repeated. The after treatment of two other cases, consisted in dry cupping and the use of rubefacients along the spine and over the region of the kidneys, with the internal use of the bromide of potassium and diuretics. In the three cases delivered by the forceps the children were born alive, one dying on the third day after delivery, of convulsions. The other two did well. Three of the cases occurred in primiparas, one being fatal. The remainder made good recoveries. The exciting cause of the case occurring after delivery, appeared to be the presence of clots in the uterus and vagina, though the convulsions returned after the complete emptying of the uterus, and only ceased when free depletion was used.

Dr. H. W. ELMER referred to a case belonging to his colleague, Dr. P. B. Porter, in which convulsions occurred during and after delivery by the forceps. Bleeding and anæsthetics were resorted to during the convulsions. The patient died on the fourth day after delivery, the convulsions having ceased three days previous, during which period the patient remained in a semi-comatose condition. During this time, small doses of opium in addition to diuretics, were given, and counter-irritation maintained along the spine. An autopsy threw little or no light on the immediate cause of death.

Dr. Mears mentioned the sole use of hypodermic injections of morphia, as a treatment for puerperal convulsions, pursued with marked success, by one of his professional friends.

Dr. DESSAU offered a few remarks, briefly reviewing the existing theories of the probable pathology of puerperal convulsions. Though the subject was yet involved in darkness, we might be safe in supposing that there was some peccant matter in the blood, originating from renal disorder, which caused a super-excitablity of the cerebro-spinal spinal centres. Under such a condition of the nervous system, the irritation produced by the parturient act, or any irritation of the rectum or bladder, might readily provoke a convulsive attack. Sir James Y. Simpson had advanced a similar opinion thirteen years ago, which has not yet been improved upon.

Dr. MEARS fully concurred in Dr. D.'s remarks, adding that a knowledge of the peculiar poison predisposing the system to the convulsions, would undoubtedly throw great light upon the pathology of the subject.

ANNUAL MEETING AND RE-ORGANIZATION OF THE MEDICAL BOARD OF THE EASTERN DISPENSARY OF THE CITY OF NEW YORK.

Reported for the MEDICAL AND SURGICAL REPORTER.

The members and ex-members of the Medical Board of the Eastern Dispensary met at the Trustees' Hall, on Friday, January 7th, 1870, for the purpose of electing officers for the ensuing year. Upon motion of Dr. MORSE, Dr. O'SULLIVAN was called to the Chair.

The minutes of the last meeting having been read and approved, the members proceeded to the election of officers, with the following result:

President—Dr. R. J. O'SULLIVAN.

Vice President—Dr. VERRANUS MORSE.

Secretary—Dr. J. P. LOOMIS.

Delegates to the American Medical Association—Dr. R. J. O'SULLIVAN and Dr. LEBARON HART.

On taking the Chair, the President elect, Dr. O'SULLIVAN, returned thanks for the honor conferred, in electing him President of the Medical Board, and said he felt gratified at noticing the large attendance, and particularly at seeing among the ex-members present, many gentlemen of acknowledged position and influence In the profession.

It seemed to him that such an association as this was needed, in order to develop properly the resources of our hospitals and dispensaries, and to afford the general practitioner an opportunity of placing his experience on record.

This re-organization, the doctor continued, has been in contemplation for some time past, indeed, he might say, several years, and it had been deter-

mined to confine the business of the Board to the reading of papers, and the incidental discussion thereon, and miscellaneous reports of cases of interest.

The doctor further remarked that, as a general thing, much time is consumed in our societies in mere matters of routine, and as a consequence not unfrequently the discussion of valuable papers is wholly neglected. In the meetings of this body, all business matters shall be carefully eliminated as has been just intimated.

Another feature which seemed to the doctor highly commendable, is that the papers which will be read before the Board, will be carefully prepared for publication; and should a synopsis be required, it will be furnished by the author of the paper; thus he will be responsible for his own views, and will have the satisfaction of seeing them placed on record as he himself prepared them.

In the remarks made by the President elect relative to the general management of our medical societies, in permitting minor and unimportant details to consume too much time, to the exclusion of important business, it appeared to all present that the speaker struck the *key-note* of a much needed reform.

It must be obvious to any physician attending the meetings of our societies, especially the older ones, that by the time the paper of the evening is read, the benches are almost deserted. The discussion is then either postponed or wholly ignored, which is not unfrequently the case, thus depriving the members of the most instructive as well as the most interesting part of the proceedings.

After some discussion it was determined that the meetings of the Board should be held on the second Tuesday of every month, at eleven o'clock in the forenoon. This is worthy of a passing notice, inasmuch as it is somewhat of an innovation on the usual custom of all the other societies in New York and elsewhere, whose meetings are usually held in the evening; many who are desirous of attending the meetings are unable to do so, owing to the inconvenience of the hour, and the number of societies holding their meetings at the same time.

Now, to the general practitioner, it is more convenient to attend meetings at some hour in the early part of the day; at all events, the experiment is well worthy of a trial, and if successful, of being followed by other societies.

The following members volunteered to read papers at the stated meetings:

Dr. R. J. O'SULLIVAN, on "The Clinical resources of our Hospitals and Dispensaries, their use and abuse," at the February meeting. Dr. GEO. V. SKIFF, on "Quackery," in March; Dr. LE BARRON HART, on "Cases of Albuminuria," in April; Dr. RAPHAEL, on "Hemorrhages from the cord in new born infants," May; and Dr. J. P. GARRISH, on "Cataract," at the June meeting.

W. J. P.

EDITORIAL DEPARTMENT.

Periscope.

Albumen in the Perspiration.

W. LEUBE of Erlangen (*Virchow's Archiv*,) has investigated this question, and after careful experiments has detected albumen in the secretion of the skin, in four cases. Three of the cases were suffering from chronic disease, one with old anchylosis, one with roseola syphilitica, and one with sciatica. The fourth case was that of a healthy hospital nurse. In all the cases it was necessary to collect at least 300 c c m before proceeding to test for albumen. This quantity when filtered and concentrated, responded in each case to the proper tests. The patient with rheumatic anchylosis showed a larger percentage of albumen, both relative and absolute, than either of the other cases. The woman with sciatica (aet. 51,) showed only traces of albumen. The healthy nurse gave a secretion responding readily to the albumen tests. The urine in each case was free from albumen. The concentrated secretion upon being treated with carbonic acid gas and acetic acid does not become opaque; it contains therefore neither para globulin nor kali-albumen, but consists chiefly of serum-albumen. In all the cases the secretion was obtained by packing in woolen blankets after subjecting the patient to a hot bath, the sweating was therefore forced and abnormal, and the question whether albumen is a constant ingredient of the perspiration under ordinary circumstances is still an open one to be decided by future investigations.

The Latest Concerning Chloral.

We take the following abstract from the *Central Zeitung*, though we have previously alluded to Demarquay's results:

Chloral has recently been the subject of numerous investigations, and the various experimenters have arrived at quite different conclusions. Demarquay, already noted for his researches upon the effects of this remedy upon animals, now gives the result of his experiments upon the human subject.

He gave a solution of chloral mixed with syrup of tolu, each teaspoonful of which contained one gramme of chloral. In six out of twenty cases there was no hypnotic effect. In the remaining cases the narcotic effect was apparent in from fifteen to twenty minutes. The dose varied from one to five teaspoonsful. The narcotic effect was very slight. The least noise awakened the patient, and a slight prick or pressure was readily felt. The sensibility of the skin seems to be perfectly retained, and chloral would, therefore, be of no avail for surgical operations. The sleep of chloral is often accompanied with hallucinations and dreams in patients suffering from painful organic affections. In one case the administration of two grammes was followed by considerable excitement, which continued during the whole night, and was followed by great exhaustion. Demarquay concludes:

1. That chloral is a powerful hypnotic, especially for weak and debilitated persons.

2. The amount and continuance of its effect is in direct ratio to the debility of the patient.

3. The sleep produced is calm, except in cases of severe pain. Chloral is therefore indicated in cases of want of sleep from mental or muscular exhaustion.

4. It can be given in large doses as 1—5 grammes produced no alarming symptoms.

From recent papers read before the Academie des Sciences by Dieu la Foy and others, it appears that the conflicting results with regard to chloral can be explained by the difference of the dose given. Less than two grmm. given to dogs produces hyperæsthesia; a larger dose than this produces anæsthesia; more than three grmm. produces anæsthesia, followed by death; less than sixty centigrm. produced no effect. The following are the conclusions:

1. Chloral in small doses excites sensibility; in large doses it diminishes it gradually until full anæsthesia is produced.

2. The anæsthesiæ is preceded by a stage of excitement.

3. Animals in which the anæsthesia is complete, remain a number of hours in this condition and afterward, in most cases, die.

4. Sleep accompanies the hyperæsthesia as well as the anæsthesia; in the latter case the relaxation is complete.

Virchow on Arsenic Poisoning and Cholera.

It is remarked in Virchow's *Archiv*, August, 1869, that the great similarity between the symptoms of cholera and those of arsenic poisoning would lead to the supposition that the anatomical lesions in the intestines might also be alike. Virchow gives the post-mortem appearances of a case in which a man, 40 years old, swallowed a teaspoonful of powdered arsenic, and notwithstanding the administration of the ordinary antidotes, died in eight hours afterward. Death was preceded by frequent vomiting, cramps in the extremities, cyanosis and small thready pulse, in a word, all the symptoms accompanying cholera collapse were present.

The post-mortem examination was made 90 hours after death. In addition to the lesions usually found in arsenic poisoning, the following were also noticed: The small intestines at the upper portion were moderately distended, of a milky, opaque color; at the lower portion, contracted and reddened. The large intestines presented the same appearances. The mesenteric glands were slightly enlarged and reddened; the mesentery of a diffuse, livid, red color. In the jejunum there was a tough, whitish epithelial mass, and somewhat further down a thin, gruel-like, grayish liquid containing intestinal villi. In the ileum there was a quantity of fluid almost precisely similar to the rice-water discharge of cholera. *The microscopic examination of the intestinal fluids revealed the same appearances which are presumed to be characteristic of cholera, viz., countless numbers of the smallest bacterides and vibrios precisely similar to those described by Klob and others as the cholera fungus.* The glands of Peyer were also considerably enlarged, and the intestinal venous system congested. The mucous membrane was thickened, and opaque, whitish color. The intestines contained no bile or feculent masses.

Virchow not only calls attention to the follicular engorgement, and the thickened whiteish mucous membrane, but also to the peculiar contents of the intestines, namely: a fluid resembling rice water, free from bile and feculent masses, containing large quantities of the so-called cholera fungi. This communication is of importance, as even the latest writers (Niemyer and others,) insist upon the above named pathologic appearances as pathognomonic of cholera.

The Oxyuris Vermicularis.

The editor of the Boston *Journal of Chemistry* in his issue for August, 1869, says:

We are pleased to notice that the views first presented through this *Journal*, regarding the place of deposit of the ova of *Oxyuris vermicularis* in the alimentary canal, have received the sanction of so distinguished an observer and physician as Prof. Zenker, of Erlangen. He was the first to observe and recognize trichinia disease in the living subject, and may be regarded as the highest living authority upon all matters pertaining to parasitic animals in man. In his recent report to the Congress of German Naturalists and Physicians, he states that "the ova of pin-worms *are only set free in the rectum, near the anus*, or after the worms have been discharged from the bowels." Any physician can verify this by taking a piece of silk or linen, and

passing it across the external orifice of a child suffering from pin-worms, and examining the surface of the cloth with a lens of thirty or forty diameters. Hundreds of the minute white ova can be seen by the most inexperienced observer. As regards the use of lard or other fats as a remedy, externally applied, we can only say that its entire success is vouched for in numerous cases by physicians and others, and it is worthy of fair, extended trial. The parasite is exceedingly common, and very troublesome and vexatious; and, if the value of so simple and cheap a remedy is fully established, it will indeed prove a boon to thousands of suffering children and adults. The application should be thorough, and the surfaces of the sphincter muscle fully anointed.

Hydrate of Chloral.

This new sedative can be prepared by passing dry chlorine gas through absolute alcohol, but the actual manipulation is attended with a good deal of difficulty. M. THOMSEN, of Copenhagen, suggests that the alcohol should be put into a roomy flask, and that the Liebig's condenser should be arranged perpendicularly over it so that the condensed vapors can run back into the flask. Chlorine gas is passed through the absolute alcohol until the liquid becomes yellow and absorbs no more gas. The contents of the flask is then boiled to expel all the free hydrochloric acid, and is neutralized with chalk. The neutralized liquid is transferred to a retort and subjected to a fractional distillation. The portion going over between 230° and 240° Fah., is kept by itself. The more volatile portions must be redistilled. All traces of water can be removed by further distillation from chloride of calcium.

The boiling point of hydrate of chloral is 240° Fah.; it solidifies at 104° Fah. A slight amount of water will vary the degree of solification considerably.

By employing absolute alcohol and observing all the above precautions, a perfectly pure crystalline hydrate of chloral can be obtained.

The new medicine is employed to produce sleep. It is given in solution in sweetened water, is agreeable to the taste, and produces gentle sleep with no nausea or bad after consequences. It has been successfully tried in cases of delirium tremens, in insanity, in acute gout, and bids fair to become a most valuable contribution to the pharmacopœia. It can hardly be called an anæsthetic agent, although it does produce insensibility, and is not likely to come into competition with chloroform or ether. As an hypnotic agent it appears to exceed any of the narcotics, and bids fair to be largely employed, hence the necessity for great caution in its preparation.

Reviews and Book Notices.

NOTES ON BOOKS.

We have received some specimen pages of a new translation of the famous *Regimen Sanitatis Salerni*, by John Ordronaux, M. D. The edition is to be limited to 210 copies, price $5.00. For an *edition-de-luxe* these pages are disappointing. The type is old and many of the letters broken. The translation is also open to criticism. We give a specimen which is neither accurate nor elegant:

"—somme fuge meridianum;
Ne mictum retine, nec comprime fortiter anum."

This is rendered

"Avoid with dread the noonday sleep,
Unchecked the renal current keep;
Nor forcibly repress at all,
The slightest fundamental call."

There was a notice sent to several medical journals that the Pacific *Medical and Surgical Journal* and the California *Medical Gazette* had been united. This we learn from the best authority, the editors of the former Journal themselves, is not the case, and is not likely to be.

Kelly, Piett & Co., of Baltimore, now furnish the *Lancet* and the *Practitioner*, the former on thin paper, from the *Lancet* office, for foreign circulation, the latter a re-publication. We commend both enterprises to the support of the profession.

We recommend to our German friends the *Deutsch-Amerikanishes Conversations-Lexikon*, now being published serially by Friedreich Gerhard. It is infinitely superior to most works of the kind in the market.

The *European Mail*, published at 44 Cannon St., London, W. C., is an excellent paper, containing a summary of home and foreign news. Those who wish a foreign paper will do well to take it.

BOOK NOTICES.

Transactions of the American Ophthalmological Society, sixth annual meeting, 1869; also of the American Otological Society, second annual meeting, 1869. New York, 1869: 1 vol., 8vo., paper, pp. 79 and 27.

United effort does so much to advance human nature that it is always a favorable sign when scientific societies multiply. The two societies whose transactions are printed in this volume promise to be of great service in extending a knowledge of the specialties they cultivate. A number of valuable papers were read before the last meetings, sufficient to recommend the volume to every physician whose practice calls him to the treatment of the severer diseases of the eye and ear. The principal contributors are Drs. B. J. JEFFRIES, D. B. ST. JOHN ROOSA, H. D. NOYES, E. DYER, H. KNAPP and C. R. AGNEW.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 12, 1870.

S. W. BUTLER, M. D., O. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

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which the reader will observe are not composed of *old and unsaleable books*, but of

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

THE HEALTH OF NEW YORK CITY.

Dr. SWINBURNE, the accomplished and energetic Health Officer of the port of New York, in terminating his official connection with the Board, presented a report giving complete statistics of disease under Quarantine for the past six years, of which the following are the principal points:

Yellow Fever.—The total number of ports infected with yellow fever for the past six years is 81, from which we have received 972 vessels, 261 of which had sickness either in port, on the passage or on arrival, and from which 200 cases of yellow fever were received and treated in the Quarantine hospitals. One hundred and fifty-one of these recovered, and 49 died.

Cholera.—The total number of vessels bringing cholera to this port, for the past six years, is 26. On these vessels 11,537 persons were exposed to this disease, 832 of whom died on the passage, 724 were received in the Quarantine hospitals, and 303 of whom died.

Ship Fever.—The number of vessels bringing ship fever to this port, for the past six years, is 47, from which 202 persons sick with this disease were sent to the Ward's Island hospitals. On board of these vessels on the passage 18,708 passengers and crews were exposed.

Small-pox.—The number of vessels bringing small-pox to this port for the past six years is 174. From these vessels 569 persons sick on arrival were sent to the small-pox hospitals on Blackwell's Island; 96,199 persons were exposed to this disease during the passage, of whom 84,700 were vaccinated at Quarantine by Dr. LOINES. The residue had either had small-pox or were fully protected by vaccination.

In this connection, it is a source of gratification to add that Quarantine records show that among all the employees engaged in disinfecting vessels, purification of dunnage, etc., of the sick and well, nursing of the sick, burying of the dead and all other employments connected with the Quarantine, but three have died—a record which has never been equaled at this or any other port. This experience of six years also shows that no case of cholera, small-pox or ship fever has been contracted from exposure to the vessel upon which either of these diseases existed during the passage, after such vessel had been freed from its human freight and thoroughly cleansed and

fumigated. The history of these twenty-six vessels bringing cholera to this port also shows that the disease entirely disappears after ten days, when the vessel is not excessively over-crowded, if the sick are kept separated from the well, and proper sanitary regulations carried out, the immediate removal of all who may be attacked with light diarrhœa, and the allowance of a liberal diet to those who may remain well.

The Fourth Annual Report of the Board of Health of New York, that for 1869, has been recently printed, and reflects creditably on the members. To be sure there is a vast amount of preventable disease which they have not yet reached, but when the torpor of the public mind, and the recklessness of the lower classes are considered, it is complimentary to them to be able to show such positive results as they do.

The conditions affecting the public health during the year 1869 were as favorable as in the preceding three years. The last two months of 1868, November and December, gave the lowest death-rate recorded for many years; the mortality being only twenty in one thousand of the population in New York and Brooklyn.

The mortality in New York and Brooklyn, in 1869, compares favorably with the preceding three years of the Board's existence, as will be seen by the following table:

	1866.	1867.	1868.	1869.
New York, - -	26,815	23,159	24,889	24,601
Brooklyn, - -	8,382	8,236	8,750	8,667

It thus appears that the total mortality of these two cities has somewhat declined during the past three years. This reduction of the death-rate is more marked if it is admitted that there has been an increase of population. It is an important fact that the mortality of New York has somewhat diminished during the last six years; for, in 1863, it was 25,196; in 1864, 25,645; and in 1865, 24,843.

This diminution is unquestionably largely owing to more judicious hygienic regulations, and we hope every facility will be furnished the Board to continue their good work.

Endowment of Scientific Schools Demanded.

A deputation of the leading savans of England, among them Messrs. Grove, Huxley, Hooker, Galton, and Delorne, have recently waited on the Ministers and asked for the endowment of Scientific Schools by the State.

Notes and Comments.

The Sale of "Bitters."

The consumption of various stomach bitters is one of the most common, insidious, and perilous forms of tippling. Many a man and many a woman have learned indulgence from this cause. We are glad to see that the Supreme Judicial Court of Massachusetts has recently made an important decision in a prosecution arising from the sale of a bottle of bitters, in which the defendant asserted that he had sold the liquid in good faith as a medicine. The Judge trying the case, however, charged the jury that if the "bitters" was an intoxicating liquor, the sale of it in good faith as a medicine was not a valid defence, and this position was maintained by the Supreme Judicial Court. As a consequence of this decision the State Constables are seizing "bitters" under the Massachusetts law against the sale of intoxicating liquors.

Quackery.

A correspondent in Cadiz, Indiana, sends us several striking cases of mal-practice by ignorant medical pretenders in that section of country. It is most unfortunate, as he justly observes, that the State laws offer the public no protection against these dangerous and unscrupulous men, and that the public continue to blind themselves to the qualifications requisite in a physician.

Wanted!

Although we supposed we had made very liberal provision for new subscribers commencing with this year, we find it necessary to call on those who do not care to keep their copies of the REPORTER on file, to return us Nos. 670 and 672 for Jan. 1, and 15, 1870, for which we will give credit on subscription. Other numbers of preceding years, which we are also in want of, we will add to this list, next week.

Carbolic Acid and Cod Liver Oil.

Dr. ALEXANDER, of Tennessee, writes us:

"I have recently been using a solution of carbolic acid, crystals, with glycerine as a vehicle for administering cod liver oil, and am much pleased with it. In the advanced stages of phthisis it is invaluable. In the treatment of gangrene of the lungs, the combination with opium, I regard favorably."

Dr. PIDTMANN, writing in *Virchow's Archiv*, does not hesitate to assume that chronic poisoning by carbonic acid is comparatively frequent in his part of the country, which is rich in iron stoves.

Correspondence.

DOMESTIC.

Opium in Labor.

EDITORS MED. & SURG. REPORTER—SIR:—I have been reading with much interest the articles published in your journal for some months past, relative to the use of opium and its salts in labor. I cannot agree with Prof. Byrd and Dr. Kennedy, that it possesses any expulsive properties, although at times it seems to act as an expulsive, yet that it has a peculiar action upon the gravid uterus in the delivery of its contents I am, after years of observation, thoroughly convinced.

And here, I may say, that Dr. Brubaker's article has so fully set forth my views that I am left with nothing more to write save to add my testimony to his. In every case of labor there is a preparatory stage. In some cases this stage is short and comparatively painless, whilst in others it is very painful and protracted, the pains of dilatation, which are manifest mostly in the loins and hips, are, in some cases, very protracted and exhausting, wearying the patience alike of patient and physician, and in some cases I have, from observation, been led to believe that they are so severe as to defeat their own object. It was in a case of this kind that I was first induced to use morphia—I used morphia in that case—and, I might say, stumbled upon a practice which has since then, I am very fully convinced, enabled me, as Dr. Brubaker remarks, to "save many a suffering woman, and, at the same time, save myself many sleepless and anxious hours."

The first case in which I used it was in the Spring of 1851. I was called at about two o'clock in the morning to visit Mrs. G——, in her first confinement. On my arrival I found her suffering slight pains about once in ten or fifteen minutes; after waiting some time I proposed an examination, to which she consented. On examination I found the os uteri dilated barely so as to admit the point of the index finger, firm and unyielding. After conversing with her a short time, I gave some slight directions, and returned home a distance of one-fourth mile. At one o'clock P. M., I returned and found the pains had increased in force and frequency. Upon examination I ascertained that there had been no improvement in the condition of the os, but the vagina was more moist and relaxed than at the previous examination. I remained with her during the afternoon, and as evening approached, the pains increased, insomuch, as at candle lighting to render her almost frantic. She would rise from her bed and walk the room with hurried steps and even at times would attempt to escape from her apartment. During the afternoon I had made several examinations, finding at each one the condition of the os about the same. In view of her intense suffering, I determined to give her a portion of morphia to mitigate the pains and await the result. I accordingly gave her morphiæ acetas, gr. $\frac{1}{3}$, after which I again made an examination and found the os still but slightly dilated, firm and unyielding. I waited about half an hour, and finding no mitigation of her suffering, I again gave morphiæ acetas, gr. $\frac{1}{3}$, and waiting half an hour more, I gave her the morphia as before, making in all one grain of morphia in the hour. She had taken a position upon her knees upon a rug on the floor, her elbows resting on a chair. When the last portion of morphia was given, and in a few moments, I discovered a very considerable abatement of the pains and during the intervals her head would incline toward the chair in slumber. Being then young in practice, I began to feel some anxiety for my patient, fearing I had gone to far with the anodyne and had narcotized her. I directed a lady attendant to prepare a cup of strong coffee as speedily as possible, but before she had time to set about it, my patient began to call loudly for help. But I was only in time to lift the child from the floor where it had been delivered without any of my interference.

My impression was, and has ever since been, that in the above and all like cases the uterine efforts were amply sufficient to produce speedy delivery when the obstruction of a rigid os was removed which the morphia in that case did, and has done, many cases since, and will do in most cases of the kind if properly timed and administered.

Huntingdon, Ind. J. E. LYONS, M. D.

Calumba in Nausea in Pregnancy.

EDS. MED. AND SURG. REPORTER:

At the meeting of the Medical Society of Harford county, Md., August 11th, 1868, a paper was read by Dr. W. STUMP FORWOOD, now of your city, on the treatment of the sick stomach of pregnancy, or "morning sickness," which was recommended for publication, and appeared in *The Baltimore Medical Bulletin* of Nov. 16th, 1868. After reviewing the plans of treatment recommended and pursued by the "Leading Medical Practitioners of London," he proceeded to give his experience in the use of a prescription,—to which his attention was called by a professional friend,—recommended by Prof. Wood, in the United States Dispensatory, under the head of "Calumba." "As Prof. Wood," he continued, "only makes a passing reference to the value of the medicine in the sick stomach of pregnancy, chiefly dwelling upon its value in dyspepsia, constipation, and flatulence, it is presumable that the importance of the prescription in this peculiar disorder has been generally overlooked by the majority of the profession; for we are not aware that a single practitioner

within our acquaintance makes use of it, except those to whom we have made the suggestion." This article was suggested by the reading of Dr. Naphey's work, entitled "Physical Life of Woman," and we propose to detail some facts in connection with the treatment of "morning sickness," as recommended by him, and as he quotes, largely, from different authors and practitioners, it is fair to infer that he was unaware of his indebtedness to Dr. Forwood for this prescription, we therefore hope that our impressions as to the identity of ideas and similarity of language, as expressed by the gentleman, may not be considered erroneous, but that your readers may be convinced of their correctness, by a comparison of the following extracts: Dr. F. says, "In nearly every case of morning sickness, so-called, *though many of the cases continue* throughout the day, we find great debility of the general system, *resulting from a deficient supply of nourishment*; and in the majority of cases we also observe flatulence and constipation. If we thus regard the condition of the patient, in the fulfillment of the indications, we see the necessity for a tonic, a mild, stomachic stimulant and a gentle laxative. We know of no medicine, or combination of medicines, so peculiarly adapted to these indications as *Calumba ginger* and *senna.*

Dr. N. says, "When the nausea and vomiting are excessive, and *continue during the day, there is generally some disordered condition of the digestive apparatus.* To correct this condition the following tea will be found exceedingly efficacious:"

Take of powdered calumba half an ounce.
" " ginger " " "
" " senna, a drachm.
" boiling water a pint."

Again, Dr. F. says, "For several years we have prescribed the roots and leaves in the crude state, simply contused, 'as recommended by Prof. Wood,' but latterly we have found the *powders* of each of the articles much more convenient and more efficient."

Dr. N. continues, "allow the mixture to stand for two hours and strain. The addition of a teaspoonful of *brandy or whiskey to the pint will be useful*, and will preserve the infusion." Dr. F. in that connection remarks, "Of course it is necessary, in hot weather, to keep the infusion in a cool place, or to have a smaller quantity prepared at a time. *The addition of a tablespoonful of brandy or whiskey to the pint will preserve the infusion*, and will be found, in some cases, a valuable adjuvant." In allusion to the properties of infusion, he, Dr. F., says, "the taste is bitter, and to many is very disagreeable, but as the bowels are freely acted upon, and some to be given to the stomach, the majority of patients have their *aversion* to the medicine, and in a short time a good *appetite* and good *digestion* follows; the desponding and prostrated patient becomes cheerful and robust, and the feelings of weariness of life give way to greater present enjoyment, and to happier anticipations."

Dr. Naphey, here, also, seems to entertain similar views. He observes. "It is of course, bitter, and on that account to some, at first disagreeable. In a short time, however, the improvement in the appetite and digestion, and the consequent strength and cheerfulness which follow its use, do away with the aversion to the medicine.

Dr. F——, refers to the reputation of oxalate of cerium, and remarks, "although we have had a supply of that medicine in our possession since its introduction, yet we have never prescribed in a single instance, for the simple reason that the calumba, ginger and senna infusion has always answered the purpose. We generally prescribe two parcels or powders, enough to prepare two pints of the infusion, (one at a time), to be taken continuously, a *wine-glass full, half an hour before each meal* until the *supply* is all used. This quantity, in the *majority of instances is all that is required to effect a cure*, but not unfrequently an additional powder is needed, if not at once, perhaps in the course of three or four weeks."

Dr. Naphey in prescribing the dose, says: "The dose is a *wine glassful half an hour before each meal, until the supply* is exhausted, when a second pint will, in the *majority of instances, be all that is required* to effect *a cure*;" he also says: "This preparation is *regarded by many physicians* as almost a *specific* for this troublesome affection;" but does not intimate who they are, or to whom the originality of using it belongs. Dr. F. dates his adoption of it twelve years ago, and states that he has "been in the regular practice of administering this infusion to all cases of morning sickness that have come under our notice, numbering perhaps two hundred or more, and such has been our uniform success, that we will remark, in closing, though the expression may appear extravagant, that we regard the calumba, ginger and senna infusion as much entitled to the character of a specific in the treatment of the sick stomach of pregnancy, as quinine is in the treatment of intermittent fever."

Dr. Forwood appears to be ignorant of the general use of the prescription, as claimed by Dr. Napheys. In the concluding sentence of his paper, he calls the attention of the medical profession to it in these words: "We hope the profession will give the remedy a trial and report the results."

We do not intend to comment upon the coincidences that appear to exist in the views of the medical gentleman. The object of this article is the performance of a duty to Dr. Forwood, in according to him, at least the right of seniority in using the remedy, if not the claim of the first to introduce it as a remedial agent in that particular malady, to the profession.

W. W. Verdin, M. D.

News and Miscellany.

No Mixed Clinics in Sweden.

The "Carolinska Institute" in Stockholm has expressed its willingness to admit female students to its lectures in the public hall. Instruction in anatomy will be given to ladies separately. Clinical lectures also will be given separately to female students, but the Carolinska Institute requires that those who join this class shall possess the same preparatory knowledge as the male students—viz., a degree of knowledge corresponding to the so-called university certificate of having passed a successful examination in medico-philosophy. In order to facilitate women qualifying themselves for the above class, the indefatigable Dr. Schach has opened for ladies a higher course of medical instruction (in Stockholm), among whom two or three have expressed their desire to study medicine. The university of Stockholm has lately published its programme under an organized system, and intends to receive women students as well as men.

Medical Missionary Work in Syria.

Dr. Van Dyck, of Beirut, said a year ago: "Last summer, in this city alone, more than 500 pairs of eyes were lost, most of which might have been saved by timely and judicious treatment." He was enabled, by help received from friends here, to establish an ophthalmic hospital, which treated over 150 cases of diseases of the eye in the first four months of its existence. Dr. Van Dyck is very anxious to secure means to purchase a location for the permanent use of the hospital, and which will cost about $8,000. It could be held by the corporation of the Syrian Protestant College.

Baron von Reichenbach.

The Academy of Vienna has published a memoir of Karl Ludwig Freiherr von Reichenbach, the distinguished chemist, who died in January, 1869, at the advanced age of eighty-one. Dr. Schrotter, the biographer, divides Reichenbach's life into three periods; the first, that of practical work and exact research, during which he discovered paraffin and creasote; the second, that which he devoted to the study of meteors; and lastly, the time when he entered into the investigation of animal magnetism, the phenomena of which he explained by "odic force." Reichenbach, it is asserted, however he may have been led astray by his odic notions, is entitled to an honorable place in science.

An Antidote to Phosphorus.

M. Personne, a well-known chemical experimenter of Paris, has just communicated to the Academy of Sciences some important facts in connexion with poisoning by phosphorus. He believes that the fatal effects of phosphorus, on the human organism, are occasioned by the fact that, the substance rapidly absorbs the oxygen of the blood whilst burning in that liquid; and in order to demonstrate this he performed a series of experiments with pyrogallic acid, which has quite a different composition from phosphorus, but possesses the like property of absorbing energetically the oxygen of air when placed in contact with an alkali. The results have shown that the administration of the acid to dogs, in doses varying from two to four grammes, produces the same effects, and is attended by the same lesions, as follow the use of phosphorus. As a practical consequence, and in order to prevent the baneful effects of phosphorus, or pyrogallic acid, M. Personne advises the use of turpentine, which must prevent the internal combustion, since, as is well known, it opposes the rapid absorption of atmospheric oxygen by phosphorus, even at a low temperature. This theoretical view has just been applied with complete success in two cases of poisoning by phosphorus under treatment in the Paris hospitals. The patients rallied completely through the timely administration of essence of turpentine. Cases of poisoning by phosphorus are so frequent that it is extremely important to become acquainted with an antidote which has hitherto furnished the best results.

—— Catharine Portugas, a colored woman, recently died in Key West, at the age of 125 years.

——One hundred and fifty babies have been found in the little basket crib at the door of the New York Foundling Asylum since the 20th of last November.

QUERIES AND REPLIES.

Ozœna.

Messrs. Editors:—I have a troublesome case of *Ozœna* of ten years duration. Patient 18 years, and of good health otherwise. No scrofulous taint in the family to my knowledge. Has intense frontal headaches and a profuse discharge, *large* solid flakes of fibrin or of hardened mucus being blown from her nose nearly every day. Has taken iron, quinine, etc., internally and used the nasal douche with permanganate potass., and argent. nit. in turn. Will you be kind enough to inform me what will reach this ulceration or what plan I shall adopt.

S. T. F. H., M. D.

ANOTHER,

Messrs. Editors:—I have just now a very bad case o Ozœna on my hand. The patient is a young girl 10 years old of healthy parents and now sufferng with that malady for nearly four years. I commenced only a few weeks ago.

By examination I find that inflammation of the nasal passage, tendernes of the septum, but I could not find any necrosed bone.

Stench very offensive and muco-purulent discharge. Use even permanganate of potass. injections and shall change to carbolic acid.

C. P. M. D.

MESSRS. EDITORS:—Please allow me to lay before you my own case for advice. I have been a very active physician for more than forty years up to the present time consequently healthy. It seems my liver is the seat of disease, no bile coloring the fæcal matter for more than 12 months, the former passing of with the urine. I am attacked under violent exposure with chilliness and very sick during the attack, and jaundiced with urine saturated with bile and the color of porter, and frequent desire to pass it particularly at night; well again in 15 or 24 hours; bowels generally relaxed, no pain or abdominal soreness. I have met the indications in the usual way with quinine mercurials etc., the latter passing through without coloring the passages from the bowels. I am taking blue mass and opium. Would the nitro muriatic acid be of service?

C. C. M., M. D.

Hair Dyes.

The REPORTER, in No. of October 23rd, 1869, recommends in "Queries and Replies," "the aqueous extract of black walnut as a safe and effective hair dye." Will it inform us of what part of the walnut tree, bark, leaves, or fruit? the extract should be made.

AN OLD SUBSCRIBER, PA.

ANSWER.—The extract is prepared from the hulls of the green fruit. It is innocuous, but must be carefully applied as it stains the skin.

Sexual Disease.

MESSRS. EDITORS.—I have been treating a single lady, æt. 19—exhibiting the following conditions. Pulse 80, tongue clean, suffers no pain, perspiration, more or less free, of a very disagreeable odor, bowels regular, appetite good, has lost but little flesh, she complains of a drawing or contracted condition of the vagina, burning sensation on different parts of the body, and occasionally tenderness on pressure of the skin, is *very nervous*, and appears so prostrate that she has not left her bed for nearly six months. The uterus is in a healthy condition and position, no physical signs of disease of every organ. What is the disease?

Hysteria.

Dr. J. S. L. of Ills.—The case you describe is one of well marked and unmistakeable hysteria. Examine the uterine condition thoroughly, and put your patient on beef-essence, iron, or oxide of zinc, with a bitter. Use cool bathing and exercise. See that emotional and mental disquietude are removed. Recommend changes of scene if it seems practicable; and warn against special nervous excitements.

Dr. F. L. K. of Canada.—We have read your description of the facial tumor about which there is some variance of opinion, but we do not feel able to say of what nature it is. If medical gentlemen who have seen it cannot coincide in diagnosis, it were of course rash in us to pronounce from a written description. Thanks for your interest in our Journal.

Dr. W. M. O. of Mass.—Kidder's work is for sale by himself, 544 Broadway N. Y. It costs about $1.00, but the price was not sent us, and we are not positive.

Dr. R. O. L. of Miss.—A case of obstetrical instruments costs about $20.00. A set of splints from $10.00 to $20.00.

OBITUARY.

HON. MARTIN J. LOVE M. D.

At a special meeting of the O. Æ. Society held at their room in Bellevue Hospital Medical College on Thursday evening December 16th, 1869, the President Dr. Edward C. Harwood said:

Fellows of the O. Æ.—It is my painful duty to announce to this Society, the death of another of its most worthy members. Honorable Martin J. Love, M. D., of Zenington Vt., departed this life December 4th, 1869, he was allied to me by endearing ties, having been my first preceptor, but notwithstanding our intimacy I feel entirely incompetent to speak as his merits deserve. His high professional attainments, and noble impulses, endeared him to all within the circle of his acquaintance. He performed in an eminent degree all the duties of a conscientious physician and patriotic citizen of the State. On motion it was unanimously *Resolved* that a committee be appointed to draft suitable resolutions, and Dr. E. N. S. Moyer of Zenington Vt., was requested to prepare a eulogy, which was read at the last meeting of the Society, together with the annexed resolution.

Resolved, Whereas, We have heard of the death of Honorable Martin J. Love, M. D., late of Zenington, Vermont, a gentleman eminent in our Profession and holding many positions of honor and trust in the community where he resided.

Resolved, Therefore, That we express our profound sorrow at the sad event, which has deprived us of a worthy and excellent friend, a co-laborer so well calculated to exalt our noble calling.

Resolved, That we condole with the bereaved family of deceased—and that a copy of these Resolutions suitably engrossed be forwarded to his afflicted parents, and the same be published.

SIMON N. LEO M. D.,
S. M. TUCHER M. D.,
Committee.

MARRIED.

BOSWORTH—BARNES.—At the residence of the bride's father, December 28, by Rev. D. Davies, George G. Bosworth M. D., of Triangle Broome County, and Miss Lucy E. Barnes of Greene, Chenango County N. Y.

BROWNE—CRAWFORD.—January 25th, at the residence of the bride's parents, in Allegheny, by the Rev B. F. Brooke of Christ Church, Dr. J. Morris Browne, U. S. A., and Annie daughter of Benjamin Crawford Esq.

THACHER—PFEIFFER.—In Camden N. J., January 27th, by Rev. Herman S. Hoffman, Watson F. Thacher and Katie L. daughter of Dr. G. S. F. Pfeiffer, all of Philadelphia.

SPENSER—RUSSELL.—On the 27th January, 1870, at the residence of Capt. Wm. McMaster, Brazonia Tex., by Rev. J. H. Shepherd, Augustus J. Spenser M. D., Brazonia Tex., and Miss Eleanor O. Russell, of La Grange, Texas.

DIED.

BELL.—In Mobile, Ala., on the 24th of January, Dr. Jos. G. Bell, late of the United States Navy.

BUCK.—In this city, January 27th, Dr. John Buck, aged 51 years.

CANDEE.—At West Farms, N. Y., January 26, Joel G. Candee, M. D., in the 72d year of his age.

CLEBORNE.—January 31st, Cuthbert Lowther, infant son of Christopher James Cleborne, M. D., U. S. N.

METEOROLOGY.

JAN.	24,	25,	26,	27,	28,	29,	30.
Wind.....	N. E.	S. E.	S. W.	S. E.	S. W.	N. E.	N. W.
Weather.	Cl'dy	Cl'dy Rain.	Clear	Clear	Clear	Cl'dy Rain.	Clear
Depth Rain		1 6-10				9-10	
Thermom....							
Minimum..	39°	28°	26°	33°	25°	24°	29°
At 8, A M.	41	45	39	40	36	36	38
At 12, M...	41	49	55	51	42	40	44
At 3, P. M.	41	50	56	52	42	41	44
Mean.....	38.25	43.	44.	44.	38.25	35.25	38.75
Barometer..							
At 12, M...	30.3	29.7	30.2	30.2	30.2	30.	30.1

Germantown, Pa. B. J. LEEDOM.

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Original Department.

Communications.

LIGATION OF THE FUNIS.

By A. F. A. King, M. D.,
Of Washington, D. C.

Reply to Dr. Horace Smoot, of Madison Court House, Va.

In the numbers of this journal for January 15th and 22d, 1870, Dr. Smoot reviews my essay of June 1867, and declares his reasons for dissenting from the views I have therein expressed. His very able article will no doubt have its influence in deterring what the publication of my brochure was intended to promote, viz.: the testing of the mooted question by experiment. I am therefore constrained to offer a few remarks in reply.

I may first venture the inquiry whether the remarks of Dr. Smoot are not a little lacking in the quality of *consistency*? He begins (page 47) by noticing that I have admitted the ligature to be necessary in some cases, and "marks my language" to that effect, as if resolved on holding me to the admission—unwilling that I should escape it; yet, later in his article, I am represented as "shooting beyond the mark," and as holding the opinion that the ligature "should *never* be used." The Doctor decries theory, while his remarks are quite replete with speculative suppositions; he will be satisfied with nothing but experience—"the stubborn facts"—and yet presents not a single experiment in which the ligature was omitted. He is unwilling to reason by comparison with the lower animals, yet actually *does* so, in referring to the ass, as he remarks, "to show that foreign aid is in perfect harmony with the requirements of nature," etc. Furthermore, some of the objections urged by Dr. Smoot against my views, have been anticipated, and, I think, responded to satisfactorily in the essay. But there are others, which, in so far as I have been able to reduce them to tangible propositions, are as follows:

Dr. S. announces the remarkable opinion that argument by analogy is not a legitimate mode of reasoning, or that it is "not legitimate to run the analogy between woman and the inferior animals." But in this he surely stands alone, and at variance with the scientific world at large. Men and women, the Dr. would remark, are endowed with reason, which we know animals are not, hence the analogy between the two is destroyed. Very good. But is the ligature to be applied *simply* because it is the invention of man's reasoning? Is human reason infallible? The treatment of acute inflammations by venesection; of fevers with hot drinks; and the amelioration of variola by inoculation, were all the result of reason, but this was no cause why we should not adopt the improved methods, respectively in each, of nutrients, cold drinks, and vaccination. So in our case, while man's reasoning has led to the indiscriminate application of a ligature to the funis of every newborn child, the same thinking faculty may lead us to the improved practice of using the string only in the small minority of cases in which it is necessary.

But the Doctor further arraigns the method arguing by analogy, with the remark that, "man is neither pig nor puppy"; and, again, "because arsenic will not kill a dog, let us not suppose that it will not kill a human being. Because the hog wallows in the mire, let us not think that that is the natural state of man." But no one surely has attempted to carry the comparison to such a ridiculous extreme. As well might he have said, because fish swim in the sea, and birds fly in the air, let us not think woman capable of doing the same. In these instances, however, we

find the analogy destroyed by the differences of *structure* and *function*, particularly as regards the organs of locomotion and respiration. If there was an equal difference, or, indeed, any, between the structure and function of the funis in *man*, and that of *other animals*, they would then be no longer analogous. The Doctor, however, only *theorizes* in regard to any such dissimilarity; he does not tell us wherein the difference consists—does not prove, or attempt to prove the existence of any such difference by facts.

Dr. Smoot further approves the scissors and ligature, because the hand of man is naturally adapted to the use of instruments, while no other animal possesses such a member. With as much propriety might he have advocated the doctrine that instrumental labor should supercede natural delivery. But both forceps and ligature are alike, "in the great majority of cases, unnecessary."

Dr. Smoot then admits, as he says, for the sake of argument, that reasoning by analogy is legitimate, and refers to the case, observed by Dr. Hunter, of parturition in a bitch. By it, he tries to prove, there *is* danger of hemorrhage from the cord; and a necessity for some remedy to arrest it. (See page 49 of REPORTER, Jan. 15th, 1870.) He does not remind the reader, however, that Dr. Hunter *cut* the funis "*as soon as* (i. e. *immediately*) the little creature was come into the world." Had he waited longer; or let the cord break; or, divided it with a less sharp instrument, it is likely no bleeding would have occurred. At any rate none occurs in the human subject under such circumstances, in the great majority of cases, as has been amply proven by experiments—not only by those recently performed but by others made years ago by Fanton, Schulze, Carboue, Girard, Sédillot, Canthard and Hancock.

Neither can I clearly see how Dr. Hunter's observation at all proves that animals divide the cord with their teeth or lacerate it, as if designedly, by instinct, to arrest hemorrhage. I have known the life of a cow to be destroyed during parturition by a hog tearing the secundines from the vagina to make a meal of them. If it could have reached the funis of the calf it would doubtles have made a dainty morsel of that also. I have seen a dog chew off and swallow a piece of the navel string of a new-born living lamb, and also feast on the secundines from the ewe. Yet these proceedings did not strike me as being adapted for any other purpose, by Nature, than the gratification of appetite. And, judging from "the eagerness with which she lapped up the water" and "devoured" the secundines, I am disposed to adopt the same explanation in the case of Dr. Hunter's hungry hound. At any rate until a *plurality*, at least, of labor cases in the canine species have been witnessed, I can see no good ground why this single observation should be held up before the obstetrical world as a sufficient guarantee for the application of a ligature to the funis of a new-born child. It has been a matter of surprise to me that Prof. Bedford in referring to this matter, summarily dismisses the whole question, by a simple mention of Dr. Hunter's observation, as if this alone were sufficient to clench the argument in support of ligation and place it beyond dispute. In fact, however, other observations are necessary, before Dr. Hunter's one case can be allowed to prove *anything*.

Dr. SMOOT mentions the *antiquity* of the practice of ligation as a reason for its continuance. He says if it did any harm, physicians would have discovered it after so long an experience. I reply, the *second* ligature—that placed on the placental end of the cord—has been employed as long as the first, yet it is now abandoned by many of our highest obstetrical authorities as useless; and rejected by others as being actually injurious. (See Bedford and others). Dr. SMOOT remarks "that nothing has occurred from the innumerable cases of tying the funis that has led the practitioner of midwifery to consider it bad practice." But how can we *know* whether it is bad or good, until ligation and non-ligation are compared, side by side, in an equal number of cases, as in the experiments cited further on.

Dr. S. asks what I would advise to be done in those cases where the ligature is not unnecessary? Would I allow a child to bleed to death's door when it can be prevented in so simple a manner as tying a string round the cord, etc.? Now, it has been pointed out in my former paper that varix of the cord, ossification of the arteries, etc., may, in rare instances, absolutely require ligation. In these, of course, the ligature should be applied at once. Then the doctor answers, if hemorrhage occurs once in a thousand cases let the cord be ligated in all, as a preventative. But

such a method must at least be considered lazy and unscientific. Far better would it be, in my estimation, to investigate the case thoroughly; diagnose any existing abnormal condition; and for this apply the remedy, whether ligature or any other means.

Reference is then had (pp. 63-4 REP.) by Dr. SMOOT, to the opinion, expressed in my essay, that it is at least unreasonable, after admitting that the reproductive system of woman is capable of bringing forth her child, in nearly all cases, by the unaided provisions of nature, to affirm that the birth of *no* infant is safely completed without a strand of thread upon the umbilical cord. I still adhere to this. But the Doctor would have us regard the ligature *itself*, in the physician's hand, as a provision of *nature*. Yet it is not. It is a provision of *art*. The accomplished accoucheur is an educated artist.

That the human female, in civilized life, requires attentions which savages and animals do not; and that abnormal modifications of her economy,—the result of unnatural habits, follies and fashions—expose her to accidents during labor for which assistance should always be provided every one must admit. But this is no sufficient reason, for the application of a ligature to EVERY child.

To show that hemorrhage from the cord frequently occurs, Dr. SMOOT refers to the elaborate papers of Mr. Ray, Dr. MANLEY and DUBOIS. He seems to infer that these authors would not have written on the subject unless the accident happened sufficiently often to merit their attention. To the authors cited he might have added the more recent essays of J. Foster Jenkins, Bowditch, and Peel Ritchie. But if Dr. S. will re-examine these papers he will see that none of them treat of hemorrhage from the *funis* but "*umbilical hemorrhage*"—hemorrhage from the *umbilicus*, occurring days and weeks after the dropping off of the funis from the abdomen, the cause of which, though yet unsettled, I have suggested may be late obliteration of the vessels within the abdomen, owing to the distention of them occasioned by ligating the funis.

As to inflammation, ulceration, etc., of the navel occurring as the result of ligation, Dr. SMOOT disposes of this point by denying the frequent occurrence of such conditions. And I am quite willing, with him, that every one who reads these pages may decide this question by his own experience. It may here be remarked, however, that many accouchers never take pains to examine the umbilicus after dressing the child, but leave its management entirely to the nurse. I have been requested quite often to prescribe paregoric, or allow "soothing syrup," for a supposed colic, when on examination the child was really crying from a sore navel.

The Doctor does not believe true jaundice to be frequent in young children. He cannot see "how Dr. K. is able to ascertain whether it is ever certainly produced by ligation of the cord." To this I may reply by referring the reader to the "*Cincinnati Lancet and Observer*" for January, 1869, and the "*Half-Yearly Compendium Medical Science*, July, 1869," where will be found the experiments of Dr. M. B. KELLAR, performed at the Cincinnati Hospital. It will be seen that of thirty consecutive cases, the cords of half were ligated, and the remaining 15 left without ligation. Dr. KELLAR states that of those to which the ligation was applied, four had diarrhœa, but no jaundice. In eleven cases the liver was enlarged, and *seven had profound jaundice with clay-colored stools*. In four cases the skin presented a slight icteroid hue, while in the remaining four it was clear. "As for colic," Dr. KELLAR remarks "this seemed to be a complaint shared in common by all (*i. e.* all the ligated ones), and these were more troublesome, requiring more attention, in a word they were not as good babies as those in which the umbilical cord was not tied." Among those in which the ligature was omitted, *not one case* of jaundice occurred. I have myself not seen jaundice in any case where the ligature or umbilical bandage were omitted. My views on this point have undergone some modification (as was anticipated) since 1867. The effect of the *umbilical dressings* in producing jaundice, and even hemorrhage, may be not insignificant. Binding the belly and breast of the child in a straight waistcoat of pins and bandages, impedes the action of the abdominal walls and diaphragm, thus curbing the respiration and retarding the portal circulation; for this last is almost entirely dependent for its activity, upon the mechanical movements of the diaphragmatic and abdominal muscles. Muscular respiration and circulation through the cord, are vicarious functions retard the former and the latter tends thereby to be restored, hence hemorrhage.

With regard to the production of umbilical

phlebitis and erysipelas by tying the cord. Dr. Smoot is unwilling to give his assent to such a proposition, because it "is not supported by the authorities"—because they say nothing about it one way or the other. The *suggestion* however, (for the words of my essay are no more), that the ligature *may* produce these diseases, either directly or indirectly, is one that I still consider not unseasonable.

That the ligature has been a direct cause of death in many instances, Dr. S. is willing to admit, owing, as he justly remarks, to its *improper* application. On this point we agree. But all the deaths thus caused are chargeable to the *custom of ligation;* and so long as students of medicine are taught in the colleges to regard the ligature as a simple and harmless instrument that may be applied anyhow; so long as practicing physicians *will not* wait for the proper time in which to ligate; and while the practice is so universally sanctioned that every old woman who has seen a baby born, thinks herself, and is admitted to be fully capable of applying the string; just so long will the improper application of the ligature, and its consequent mortality continue. Dr. Smoot observes that the accoucheur must be governed by the same directions in using the ligature as he is in the use of ergot or chloroform. To this we fully assent, and can only in addition, express the hope that a reformation from the common practice of applying the ligature *in*-discreetly, is already in progress.

Considering the unscrupulous manner in which ligation has now been practiced for centuries, who shall say whether it has not killed more than it has saved?

Finally let me express the wish that Dr. Smoot and others, who have taken a lively interest in this matter, will submit it to the test of observation and experiment. It is my intention to reconsider the whole subject, in all its bearings, in a second edition of my former essay, when I hope to be able to present a sufficient number of experiments from which some practical conclusions may be deduced.

Besides the experiments already cited, (Dr. Kellar's), I am gratified to see that Dr. J. K. Reid, of Pennsylvania, has adopted my method in over a hundred cases. Dr. A. Stokes Jones, of the same State has also practiced it boldly; and the same has been done by Drs. Hiram Corson and W. Corson, of Pennsylvania, Dr. J. F. Hibberd, of Indiana, and others. These gentlemen are not yet ready to report, but will continue to practice and make observations. (*See Transactions Medical Society State of Pennsylvania, June,* 1869: *Western Journal of Medicine, August,* 1868, *etc.*)

OCCLUSION OF THE VAGINA.

By J. A. Quimby, M. D.,

Of Jersey City, N. J.

I was consulted June 15th, 1868, by Mrs. S———, in reference to some "obstruction of the womb." She gave the following history: Æt 48; married at 30; well developed; never menstruated normally or vicariously; had always enjoyed fair health, except at certain periods in each month, when she would suffer all the symptoms of menstruation, which would last four or five days, causing, a great deal of disturbance, then disappear, leaving her quite ill, for three or four days more; after which she enjoyed fair health until the next period when the same symptoms would recur. She suffered thus from year to year, for a period of thirty-one years (from 16 to 47) when the periodical pain and suffering gradually ceased, and she improved in health and flesh, and was still improving at the time she consulted me, (being then forty-eight years of age). Her health had never been better than at this time. As her object in consulting me was rather uncommon, and her case unique, I will be excused, I hope, for going a little into detail. As I said before he married at thirty, and although she had never menstruated, yet she had consulted many physicians, and had taken great quantities of emmenagogues, (as of course the sequel will show) without the least effect. She was told by a very eminent practitioner that matrimony would cure her. "That it was the only balm in Gilead." As a consequence of this advice she bestirred herself to matrimony. She lived very pleasantly and happily with her husband for a period of eighteen years, with the exception that at times he would express a wish that she was more of a woman than she was, as he was not always satisfied with coition, yet he would add that he knew she could not help it. Matters progressed thus quite smoothly under the existing circumstances, until about a year ago when he became more and more dissatisfied, and finally left her altogether. After being gone a few weeks, she received a letter from

him, stating his reasons for leaving her in this mysterious manner. "That it was because there was an obstruction of the womb, and that if she could have it removed and be made as other women he would return to her." She accordingly consulted me to see if the obstruction could be removed. She readily assented to a vaginal examination on being told that it would be necessary. On examination I found complete obstruction and entire absence of the vaginal canal, it being substituted by a small cul de sac, which extended inward about an inch and a half; on moderate pressure the distance could be extended to two inches, and on very severe and painful pressure, the distance could be extended to two and one half inches, and this was all the vagina the poor woman (or perhaps we should rather say the poor husband) had. She consulted a great number of physicians without any relief or satisfaction, and her husband, after eighteen years of patient toil and fatigue, in trying to break through the obstruction, was compelled to give it up in disgust and despair. After two or three careful examinations I told her I thought I could remove the obstruction by an operation, and restore her to her husband, with as good a "womb" (vagina) as any woman had or any man wanted for all practical purposes. My declaration filled her heart with joy, and she burst into tears at the thought of having her husband restored to her fireside and home again. After giving her my opinion I thought best to receive further counsel before operating, accordingly I consulted Professor A. C. Post, of New York, who gave a decided opinion against the operation. His reasons were, 1st. She had arrived at that age (48) when she would not suffer from menstrual accumulation. 2d. Her health was now good, and the operation was a hazardous one, owing to the liability of going into the rectum, or bladder, and coming in contact with some blood-vessels, producing hemorrhage, which might lead to a fatal result. 3d. And should the operation prove fatal, he would not feel himself justified inasmuch as it was not performed for the preservation of life, or the improvement of health, but merely for the gratification of a second person (her husband). Not being altogether satisfied with this decision, and not being willing to operate without some authoritative support, I further consulted Dr. Peaslee, of New York, who, after a careful examination, thought the operation difficult and dubious, yet perhaps worth a trial, as it would restore her husband to her again, which was a great incentive to the operation. So with Dr. Peaslee's concurrence and assistance I operated, June 26, 1868, in presence of Prof. Wm. A. Darling and Dr. Wm. Post, of New York, and Dr. M. A. Miller, of Jersey City. The patient was placed upon the table and etherized. The legs were flexed on the thighs, and the thighs on the pelvis. A catheter was introduced into the bladder, and was held by an assistant upward and backward, so as to elevate it as much as possible. An oval glass speculum was introduced into the vagina or cul de sac, or little pouch (as it did not deserve the name of vagina), and then, with the index finger of my right hand introduced into the rectum, and a trocar in my left, I made several attempts to go through the obstruction, but failed on account of the close adhesion of the membrane on the opposite side. This membrane was remarkably thick, dense, and sort of gristly, caused, no doubt, by the ineffectual attempts that the husband had made for the last 18 years in trying to go through it. After failing to go through the obstruction with the trocar, I took a small tenetome with a half inch cutting edge, and made a small V shaped incision through the membrane. Then I introduced a small Nélaton probe into the incision, which made its way upward and inward about six inches from the vulva in the direction of where a vagina should be continued. Finding, after due examination, that I had neither penetrated the rectum nor bladder, I soon formed a very good vagina by separating the tissues with my fingers, and enlarging the original opening in the cul de sac, or membrane. There was very little local trouble following the operation. In order to keep the parts separate, I formed a plug about four inches in circumference, and eight inches in length, composed of oiled silk, and stuffed with hair, having a stick running through the centre to preserve its shape and dimensions. This was removed, cleansed, oiled, and reintroduced daily for a period of two weeks, at the end of which time the canal or opening, which I had made, was lined by an adventitious growth, forming an imperfect mucous membrane, which formed a barrier against adhesion again. She returned in about three weeks after the operation to her home perfectly delighted and full

of joy at the thought of being able to satisfy her husband, and who, in return, is perfectly satisfied with his new-made wife, as he calls her, only regretting very much that the operation had not been performed years ago.

ACEPHALIC BABE.

By A. W. Lueck, M. D.
Of Maysville, Wisconsin.

On the wild and stormy morning of January 8th 1870 we were called to Mrs. K., 2½ miles from town. On arriving there, we found her in her second confinement. Labor had begun 15 hours ago, and for 10 hours, since the "water" had passed away, the pain had been quite strong. We found an old woman with our patient, who kept saying; "All is right, make the most of your pains!"

On examination we found the presenting part to be the left hip, the feet resting in the right iliac fossa. After the feet were brought down, the child passed into the world without much trouble. It presented the following peculiarities:

Lower extremities were well formed. The abdomen was large, resembling the belly of a domestic animal; it was still more deformed by an umbilical hernia. The upper extremities were natural with the exception, that each hand possessed six fingers, there being two little-fingers on each hand. The ears and nose were rather larger than natural, especial the latter, which was flattened at its base, so that it bore some resemblance to that of a negro. The eyes were closed, like those of newly-born pups. The whole cranial vault was wanting; there were however remnants of each of the cranial bones, which lay flat on the base of the scull, from the midst of which rose a bloody tumor of the size of a small hen's egg, which representend the brain.

The babe was a female child. It was dead when born, but the mother asserted, that she felt life a few hours before our arrival. Upon questioning her, she said, that she was very nervous and easily frightened, but that she could not recollect having been startled at any particular object, to which she could ascribe the deformity of her child.

——The trustees of George Peabody's estate have purchased a location in Blackfriar's road, London, as a site for a memorial hospital.

Medical Societies.

NEWPORT AND COVINGTON, KY., MEDICAL SOCIETY.

REPORTED BY DR. HADLOCK.

Reported for the Medical and Surgical Reporter.

Veratrum Viride.

This, like all new remedies, has its friends and foes. Its friends have claimed for it almost everything that is possible to be accomplished with medicine; while its adversaries have taken just the contrary position, not admitting that it is capable of doing any good whatever, and now after having been tested by the profession for a number of years, it has to a certain extent become settled and accepted as a remedy of some worth.

Veratrum Viride, is, undoubtedly a medicine of great power, and when exhibited in overdoses is capable of destroying life, as it has been found to destroy the life of a dog in 100 drop doses. (For many interesting experiments as to the toxical effects of veratrum, see *Cincinnati Lancet and Observer* for June 1858.)

According to my observation the primary effect of veratrum is on the heart, as is evident from the controlling influence exercised over the pulse. In larger doses, it produces nausea and vomiting, when other symptoms make their appearance, the system being completely relaxed, with free perspiration and a pale, cool surface.

This I believe is its general action, but in some instances other symptoms are recognized of a more alarming character. The surface becomes deathly pale and very cool with occasional syncope, which is generally brought on from rising suddenly from the recumbent position. The symptoms of globus hystericus are sometimes present, but very rarely, being observed only in nervous females. I have not seen any evidence of its primary action on the nervous centres as evinced by drowsiness, stupor, coma, or delirium, nor any effects on the kidneys or bowels. Opium and its salts act very happily as an antidote, relieving very readily any of the above symptoms, if they should become alarming.

By some it is classed with the nervous sedatives, digitalis, aconite, etc., and by others among the arterial sedatives—with the antimonial preparations. I confess I have not been able to make the nice distinction that is made between the two classes, unless the difference is made between the primary and secondary action of the medicines. While digitalis and aconite are said to act on the nervous system, they act first as certainly on the muscular system, which is evinced by the reduction of the pulse. The same may be said of antimonials, only *vice versa*—though perhaps its action on the nervous system is not as general or well marked as those classed

nervous sedatives are on the muscular system. It is very difficult in fact to conjecture how any medicine can act on the heart and control the circulation, without at the same time having more or less influence on the nervous system, or in other words, how can you impress one without affecting the other. We conclude that it cannot be done, consequently, we regard veratrum as having its perceptible primary action on the heart, and its secondary effect on the general nervous system.

In all cases where there is determination of blood, congestions, local and general—veratrum is indicated and is one of our best agents. Whenever the equilibrium of the circulation, from whatever cause, is disturbed, we have found no remedy that so readily restores harmony to, and relieves the oppressed organs, as veratrum. With this remedy the heart's action can be kept under perfect control, allowing it almost any number of beats consistent with life, and this may be continued for days without that prostration supervening which so many seem to fear. On the contrary, when its administration does not give rise to nausea and vomiting, the patient improves in strength under its use, from day to day, until convalescence is established.

In many cases I give nothing but this remedy, after the interruption of the fever, and also in acute inflammatory attacks, depending upon the veratrum to hold the diseased action in abeyance while the tonic powers of the system restore health to the patient.

In all febrile affections this remedy is used to very great advantage. Especially is it valuable in various forms of fevers, which it is difficult to arrange under any special head, owing to their obscure cause, such as fevers which occur in children from derangements of the *liver*, *stomach*, *bowels*, etc., etc.

I usually give a cathartic, if deemed necessary, and begin with the veratrum, in doses that will as soon as possible affect the circulation without disturbing the stomach, though, in urgent cases this will make no particular difference. Small doses frequently repeated, will generally accomplish what we desire, without irritating the stomach.

As soon as the pulse is reduced and the surface cooled, I then regulate the dose so as to continue this condition of things until the system reacts and resumes its healthy tone.

I have not deemed it necessary to use it in the ordinary intermittent fevers, but I have no doubt that in the *congestive* form of those fevers that it would be of great value in aiding or securing an intermission sooner than it would occur; that we may have more time to give the anti-periodic.

In continued or typhoid fevers, it is of great benefit in equalizing the circulation and thereby preventing local congestions, as well as allaying febrile excitement.

The difficulty of diagnosing typhoid fever in its forming stage is well known, and from this difficulty of diagnosis arises all the discrepancies of opinion in regard to the nature of the disease and its treatment. I have met with many cases, which from their symptoms, could have been called typhoid fever, but after the use of veratrum for a few days would subside and convalescence be established. My experience does not justify any great expectations from its use after the fever has passed into the second stage, yet I gave it in one case for nearly three weeks, and the pulse did not rise above 90, and stood most of the time at 70. As soon as the veratrum was discontinued, it arose to 120. I used it with benefit in puerperal fever, and will narrate the following case, to illustrate its action.

April 24th, 1857, was called to see Mrs. N., who was laboring under an attack of puerperal fever—tongue furred, bowels costive, abdomen very tympanitic, and tender on pressure, pulse 100, hard and contracted, with excessive febrile excitement. As treatment (my patient being a large plethoric woman) I resorted to blood-letting, tartar emetic, calomel, eetc., tc. I continued this *orthodox* treatment for four or five days, but my patient got no better; on the contrary she grew worse. The skin was now hot and dry, face flushed, tongue very dry and brown, abdomen much swollen though not so painful, pulse 120. I now determined to use veratrum and gave her five drops of the tincture with instructions to give four drops again in one hour, provided there was neither nausea or vomiting.

In a short time I was sent for to see my patient, and when I arrived found her vomiting, having just taken the additional four drops ordered. I gave her a dose of morphia which promptly allayed the vomiting.

The change for the better was at once very distinctly marked in her case. Under the influence of the two doses of four and five drops, all the aggregated symptoms of the case subsided. There was a general relaxation of febrile excitement; surface became cool and moist; pulse down to 70—soft and regular. I continued the veratrum in two drop doses, every two hours for four or five days, the patient all the while rapidly improving, with no return of the fever or any bad symptom—until convalescence was fully established. From that time until the present, I have depended almost entirely upon this remedy in these cases and have found its action invariably uniform in them.

Knowing its power as a sedative, and its ability to allay excitement, I concluded to try it in *pueperal convulsions*, and accordingly the first case of that malady that fell under my care, I immediately, on the subsidence of the convulsion gave ten drops of

the tincture, watching the pulse closely. After the second spasm I gave fifteen drops, and continued to increase the dose after each convulsion. The pulse during the intervals was 80 and very hard, and would rise to 120 when a convulsion came on. She had taken three or four doses before it could be remarked on the pulse. As soon as that effect became perceptible the convulsions grew less frequent and less severe until they finally ceased when the patient roused up and exclaimed: "I am sick at my stomach." The pulse was now 60 and natural Notwithstanding the large amount given, no vomiting followed. This case occurred about four hours after a natural labor. No other treatment was had except revulsives to the extremeties.

In inflammation of the brain and its appendages, it has not given that satisfaction which was expected. However, its peculiar action was manifested in these cases as in others.

In some ailments of the heart, I have used veratrum to good advantage. In 1858, I had under my care, a gentleman aged 57 years, who had been troubled with disease of the heart for thirty years. He had been under treatment more or less, all this time by one physician or another, but, as he said without any relief. His condition at this time was deplorable in the extreme. He was all the time fearful of falling down dead—was laboring under great excitement both of body and mind. Pulse very rapid with decided intermissions between every three or four beats.

I ordered four-drop doses of veratrum every four hours. As soon as the system was brought under the influence of the remedy, he expressed himself as feeling better. From this time on, the improvement was rapid until he pronounced himself well in every respect, and has remained so ever since, with no return at any time of the aggravating symptoms usually attending these cases.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER

At a stated meeting of the Society, held in the Library Room of the Hospital, January 26th, 1870. The President, Dr. J. EWING MEARS, in the chair. The subject for discussion being

SYNOVITIS OF THE KNEE JOINT.

Dr DESSAU opened the discussion by remarking, that though his experience with this common affection had been rather limited, yet those cases that had fallen under his care had presented much interest, as to the result of treatment. He treated a case of sinple acute Synovitis of the knee joint successfully with leeches, followed by an application of leadwater and opium, and Gross's antimonial and saline mixture internally, a cure being obtained in six days. In a case of simple subacute Synovitis of the knee joint, with effusion, a cure was effected by pressure with a roller bandage—iodide of potassium being given internally. A chronic case of this affection was greatly benefited by an issue, made on the inner condyle of the femur, with the Vienna paste, after the regular routine of other remedies had been resorted to. One case of chronic Synovitis of the knee joint was of peculiar interest, being entirely relieved, after recovery from an attack of Erysipelas of the leg, which followed an amputation of the second toe of the same limb, other remedies even to the establishment of an issue on the inner side of the joint, having previously failed to afford relief. This effect of erysipelas on chronic disorders in general, is mentioned by Mr. Campbell De Morgan, in an able article on that disease, in Holmes' System of Surgery, vol. I. page 251. In a case, complicated with a scrofulous diathesis, which eventually proved fatal, the sponge dressing of Dr. Sayre of New York was used, after leeches had been freely applied. The joint was probably in a state of suppuration at the the time of the application of the sponge dressing, and though the swelling was markedly diminished in a few days after the dressing was applied, it afterward returned, the dressing having been discontinued on account of sloughing in the popliteal space. The limb was afterward confined in an anterior splint of binders' board, to ensure perfect rest. Amputation was not performed owing to the extreme feebleness of the patient, and a failure to rally.

The successful treatment of Traumatic Synovitis of the knee joint by a back splint and extension, by weights to the limb, as reported by Mr. Marsh, in vol. IV. of St. Bartholomews' Hosp. Reports was referred to.

Dr. ELMER had found pressure from the sponge dressing, of advantage in cases of Chronic Synovitis of the Knee joint, when various other methods had failed. Relief from pain was soon experienced after the application of the dressing.

Dr. M. B. MUSSER was favorable to the sponge dressing in Chronic Synovitis of the Knee joint, but preferred simple antiphlogistic measures in acute cases of the affection. He had seen the actual cautery used in chronic cases, but without any permanent benefit.

Dr. M. regarded the cause of this affection as either an injury, or sprain, or a predisposing condition of the system, as scrofula or rheumatism. He did not think that it could arise spontaneously.

Dr. E. B. MOSELEY, considered the treatment of Chronic Synovitis of the Knee joint by pressure as the most valuable to be resorted to. He made pressure by the use of adhesive strips applied in a figure of eight, enclosing the entire joint. The dressing should be renewed every twenty-four hours. Cases of long standing had been able to walk about in

from one to two weeks, after this dressing had been applied.

Acute Synovitis of the Knee and other joints, arising during the progress of syphilis, had been treated successfully by constitutional remedies alone. When the affection was in a subacute stage, the additional use of a large blister to the joint fulfilled every purpose.

Dr. Wm. G. Porter said that he had used the sponge dressing on a case of Synovitis of the knee joint in the Children's Asylum with successful result. He had seen other cases yield nicely to this treatment, where there was effusion in and around the joint, without suppuration. When the affection was acute, leeches and evaporating lotions were preferred. As to the treatment of syphilitic Synovitis of the knee joint—the views of Dr. Moseley were fully sustained.

Dr. Houstoun mentioned several cases of Chronic Synovitis of the knee joint of rheumatic origin, in which the application of the actual cautery by the attending surgeon, gave great relief, and in one effected a cure, after the regular routine of other remedies had been applied. Time, had not yet developed an alternate result of the remaining cases, though a future report was promised. He thought the actual cautery was most applicable in these cases where the inflammation had begun to involve the cartilages and osseous structures of the joint. The discredit thrown upon the use of the hot-iron in Chronic Synovitis of the knee joint, was due to its application when the bones were so far advanced in structural disease as to preclude relief from any measures.

Dr. J. Stockton Hough referred to the successful treatment of a case of Synovitis of the elbow joint in a scrofulous patient, by making an incision into the joint and letting out the superabundant fluid. This treatment was instituted by Dr. Sayre before the Summer clinic at this Hospital, last season. No especial effort was made to exclude the air—a simple water dressing constituted the after treatment.

In summing up the evidence as presented in the discussion of the subject, the President, Dr. Mears, concluded, that in the treatment of this affection the most favorable results seem to have followed the employment of *pressure* in some form. The method instituted by Dr. Sayre, of New York, appeared to fulfill all the indications required. In some of the cases cited, *counter-irritation* had been productive of good results.

In deciding on the treatment in affections of the joints, the cause should be carefully considered, as on the determination of this, we base a rational treatment. The diagnosis is frequently very difficult, and is always of the utmost importance, since our treatment should vary according to the stage of the disease.

The morbid anatomy is similar to that occurring in inflammation of serous structures; reddening of the membrane, followed by effusion of serum into the cavity of the joint. In severe cases, we sometimes have the membrane destroyed by suppuration, and the cartilage removed by ulceration.

Pneumonia.

Dr. Houstoun presented a pathological specimen of a lung, the left lower lobe of which was completely solidified, and of a grey color, the diaphragmatic and inferior outer surface presenting extensive deposits of plastic lymph. The right lower lobe was congested. The specimen was taken from a female patient, who was, prior to death, under treatment for secondary syphilis, of two years duration. She had more or less bronchial trouble and was in an enfeebled condition at the time the Pneumonia began. The attack occurred with suddenly developed symptoms, of pain referred to the præcordial region, dyspnœa, cough, fever, and pleuritic friction sounds, with dullness posteriorly. Her sputa during the whole attack, which lasted only six days, was free from coloring matter, being viscid and highly ærated. Her treatment was stimulating and supporting. The points of interest in the case were the rapidity of development and extension of the inflammation, with a like termination of the attack, and the absence of the characteristic rust-colored sputa.

The complication of a Syphilitic poison, would furnish a ready explanation for the hurried character of the case. Virchow and Niemeyer allude to this circumstance.

Cystic Tumor and Heart Clot.

Dr. J. M. Jimenez presented a pathological specimen of a tumor, the size of a hen egg, which was situated between the lobes of the thyroid gland, and attached to that body. The tumor was cystic, containing pus, and with the gland, weighed 8 ozs. The subject had been a patient in the Obstetrical Wards, and died suddenly four weeks after delivery. The brain and lungs were found normal. The liver was enlarged, weighing 99 ozs. The heart was pale and flabby, and contained clots of both black and yellow color, the latter firm. The kidneys were enlarged. Uterus was in a state of subinvolution.

Dr. Tyson had examined a specimen of the liver microscopically, and found the cells contained fat globules of unusual size. The other organs were not examined under the microscope. The general condition of the patient was extremely feeble from the date of her delivery. Death was supposed to have occurred from Heart Clots.

Rupture of the Rectum.

Dr. Hand read a report of a case of probable Rupture of the Rectum in a man, resulting from a severe fall upon the buttocks, which had occurred ten days previous to death. The history which he

gave was very vague and inconclusive. The only evidence of injury, which he presented, upon entrance into the Surgical Wards, was an extensive emphysematous slough of the left buttock, with an opening two inches from the anal margin, through which thin fæces continually escaped. Digital examination by the rectum did not detect any lesion, though high up, a mass was felt, resembling a prolapsed intestine. Death resulted from a typhoid condition. A fracture of the pelvis was the only other suggestion that could present itself, as a solution of the diagnosis, though none of the symptoms of that injury could be discovered. The case was offered as being one of great rarity, and much interest in a diagnostic point of view.

[Why was there no *post mortem*?—Eds.]

Editorial Department.

Periscope.

Chloral.

Dr. Oscar Liebriech, in a paper read before the Berlin Medical Society, June 2d, 1869, and published in No. 31 of the *Berliner Klinische Wochenschrift*, after stating the reasons which led him to experiment with this substance, gives the following account of its properties and physiological action:

Chloral, the composition of which is C_2HCl_3O, was discovered by Liebig about thirty years ago. In its physical properties it is very similar to all the aldehydes. Aldehyde is a very unstable compound; exposure to the air changes its physical properties. It passes into a polymeric condition. The same change takes place in chloral. Anhydrous chloral is a liquid of very pungent odor. If it is kept for a time it is transformed into a solid body, which you would take to be anything but the original chloral. But if the anhydrous chloral is added to a quantity of water, the hydrate of chloral is formed.

The crystals of the hydrate of chloral are soluble in any proportion of water; they even resist the action of sulphuric acid. But if chloral is treated with alkalies, it is decomposed. When caustic soda is added to a watery solution of chloral, chloroform is set free in the form of an oily drop. In this wise we obtain chloroform of a purity not furnished by any other process. The watery solution contains formate of sodium.

This body seems, therefore, capable of solving the question whether the component parts of substances introduced into the organism, and there undergoing decomposition, become effective; and to which of its component parts the remedy especially owes its remedial properties. Chloral is very soluble in water, and is therefore well adapted for absorption into the organism. If, therefore, the action of one of its component parts was brought about by oxidation in the tissues, chloroform anæsthesia had to follow.

The experiment has indeed decided in this direction. Chloral, when introduced into the organism, is decomposed; chloroform is liberated and becomes active. The experiment was truly surprising; a small dose, 0.1 ($1\frac{1}{2}$ gr.), was sufficient to produce the phenomena of chloroform anæsthesia in a very young rabbit; the animal gradually went to sleep, but the second stage of excitement common to the action of chloroform was wanting.

That the other component part, the formic acid, does not come into consideration here, can be proved by the simple calculation of the relatively small quantity liberated.

I have produced in a medium sized rabbit, by the hypodermic injection of 0.5 (gr. $7\frac{2}{3}$) of hydrate of chloral, which is equivalent to about 0.35 of anhydrous chloral, and 0.29 of chloroform, a sleep of nine hours duration.

The experiment upon frogs shows the action of chloral even plainer. At first follows a stage during which the animals may be put in any posture, and remain in the same. Upon irritation reflex actions appear. Upon this follows a stage during which irritation is not followed by reflex action. If no fatal dose has been administered the animal then returns to its normal condition. But if a fatal dose has been given, the ventricles and auricles of the heart are always found full of blood. The cause of death appears, therefore, to be paralysis of the heart. Its action on other classes of animals is quite analagous. I shall not then weary you with the numerous experiments, the results of which, I think, justify the assumption that chloral first paralyzes the ganglion cells of the brain, next those of the spinal cord; and if death takes place, the ganglion cells of the heart in the same manner as chloroform does.

The action upon animals shows, therefore, the identity of the action of chloral with that of chloroform. The absence of the stage of excitement might find its explanation in the fact that the formation of chloroform takes place only very gradually in the organism.

Having determined the action of chloral upon ani-

mals, I proceeded to administer it to the human subject. The first experiments were made upon lunatics, to whom I gave very small doses by hypodermic injections. No local irritation followed. A hypodermic injection of 1.35 grammes hydrate of chloral produced sleep of five hours duration. In order to try larger doses I next administered internally 3.5 grammes of hydrate of chloral, dissolved in a wine-glassful of water, were sufficient to produce a sleep of sixteen hours duration, in a patient suffering from stupor and melancholia. In a case of very painful inflammation of the wrist joint 2.5 grammes of the hydrate produced sleep with partial anæsthesia, so that a tight dressing could be comfortably applied. The sleep produced by this remedy was in all cases of a normal character, and occasionally it set in in five minutes after the administration of the chloral.

Prof. V. Langenbeck in No. 35 of the *Berliner Klinische Wochenschrift*, 1869, reports the following case:

A woman 40 years of age, a habitual drunkard, was admitted to the clinique on the evening of the 27th of June, with fracture of the left arm. The arm was put in the most comfortable position, and cold fomentations applied during the night. On the following day a plaster-of-Paris dressing was applied. The woman became excited during the dressing, and exhibited the peculiar hasty manner which commonly precedes the development of delirium tremens. Her hands trembled violently, and she talked incessantly about her own case. Prophylactic doses of brandy and opium were given, but notwithstanding these, violent delirium became developed during the night. Seven grains of opium and $\frac{5}{4}$ gr. morphia were administered internally during the night without any effect; no rest was obtained. At noon of the same day she was as violent as before. Through muscular action the upper fragment was continually pulled against the soft parts. The entire arm was of a dark blue color, caused, probably, by the rupture of one of the larger veins. It was feared that unless the movements were stopped, gangrene would set in. At $1\frac{1}{2}$ P. M. 4 grammes (about a drachm) of hydrate of chloral were given internally, and afterwards 2 grammes (℥ss) more in three hypodermic injections, given in short intervals. In fifteen minutes the patient was asleep, and slept very quietly till morning, when she awoke free from delirium. An examination of the arm raised the hope that it might be saved. It was laid in a comfortable position, and kept under observation. The patient remained perfectly quiet till the evening of the 29th, when she again became somewhat excited and confused. 2 grammes (℥ss) of the hydrate were given internally. The patient went to sleep, and slept all night; since then there has been no trace of delirium. Gangrene became developed in the soft parts over the fracture and exposed the fragments. The wound granulated, and the patient is now convalescent. The patient's condition is perfectly normal; no signs of mental aberration have shown themselves since. The case has made upon me the impression that the woman's life was saved by the remedy. As we had given considerable doses of opium without effect previous to the administration of the hydrate of chloral, it is probable that its further use would not have been attended with better results. The sleep following the administration of chloral is perfectly normal, whilst that produced by large doses of opium or alcohol to delirious persons, is accompanied by symptoms of congestion and spasm. In this case we saw no trace of the latter; first the delirium ceased, the movements became less violent; then the patient went to sleep, to awake in perfect health. I did not continue this case, because the result is not stated in this paper.

The Relation of Pulmonary Hemorrhage to Phthisis.

Dr. Felix Niemeyer has a paper upon this subject in Nos. 18 and 19 of the *Berliner Klinische Wochenschrift*, 1869. The following are his conclusions:

1. Not all persons, by any means, who suffer from capillary, bronchial, or pulmonary hemorrhage, are or become consumptive.

2. Consumption not rarely follows upon capillary, bronchial, and pulmonary hemorrhages, but there is no generic connection between the hemorrhages and the pneumonic processes which generally form the starting point of consumption. The persons who are predisposed to those hemorrhages, have also a predisposition to the above-named inflammatory processes.

3. Capillary, bronchial, and pulmonary hemorrhages not infrequently lay the foundation of consumption in persons in whose lungs neither tubercles nor pneumonic centres are present; and when they do so, it is through cheesy metamorphosis of the blood remaining in the alveoli of the lungs, and the product of the inflammation caused by its pressure.

4. In the same way bronchial and pulmonary hemorrhages hasten the course of an already existing phthisis.

5. In rare isolated cases the heamoptsysis is not the cause, but the result of pneumonia process, which finally lead to consumption. Such cases are readily recognized, inasmuch as the hemorrhage is usually accompanied with, or preceded by, fever and other inflammatory phenomena.

6. The blood which remains in the alveoli, and with the pneumonia infiltration undergoes cheesy metamorphosis, not unfrequently occasions an eruption of miliary tubercles.

Reviews and Book Notices.

NOTES ON BOOKS.

For a person who reads German and would like to keep posted in current German literature, we know no better means than to subscribe to Steiger's *Literarischer Monatschrift*. It can be had from E. Steiger, 24 Frankfort street, New York, and is furnished gratuitously.

Bangs, Merwin & Co., of 694 Broadway, New York City, sell an immense number of books by auction during the course of the season, and among them many medical works. Gentlemen desiring catalogues of their sales, can obtain them on application.

Dr. G. J. Fisher has republished from the *American Journal of Insanity*, his essay on the question, "Can maternal mental emotions produce malformations?" In answering this question he squarely joins issue with professor Hammond, Dr. Napheys and other recent writers on the subject, denying wholly any such alleged emotional influence. The question deserves to be thoroughly investigated.

We are glad to see that the New York *Nation*, the Leavenworth *Medical Herald*, and other journals have united with us in exposing Dr. Rezin Thompson's work on domestic medicine, published by the National Publishing Company, of Cincinnati. We do not however, oppose all such works, no matter how well written, as the *Herald* appears to, and we believe that it is just such sweeping denunciations as the *Herald* indulges in that yield the field of popular medical instruction to ignorant, irregular, and designing scribblers.

BOOK NOTICES.

Manual of Hypodermic Medication, by Roberts Bartholow, A. M., M. D. Philadelphia. J. B. Lippincott, & Co. 1 vol. 12mo., cloth; pp. 150.

The author justly remarks in his preface, that a convenient manual of hypodermic medication is just now much needed. Dr. Ruppaner, of New York, wrote one some years ago, but so rapid have been the advances in therapeutics in this field, that Dr. R's. work no longer represents the views of the best clinical teachers. The present manual does so to a considerable extent, and is no doubt the best which has yet appeared. Many of the observations are original, and the experiments recorded are of practical value. It is open to one criticism. The author, while drawing from English, French, and German sources, has not derived the advantages which were open to him in American periodicals. We do not like this desire of magnifying the importance of results obtained in Europe, and overlooking the meritorious observations of our own practitioners.

Bellevue and Charity Hospital Reports, 1870. New York. D. Appleton & Co., 1870. 1 vol., 8vo. cloth. pp. 416.

No greater service can be rendered to science than by the publication of the results of carefully noted extensive clinical experience, such as is afforded by the wards of our great Hospitals. The example set by the Pennsylvania Hospital in this city and the leading hospitals of London is worthily followed in the volume before us. It contains a series of carefully matured essays on important questions in medicine, the results accurately stated, and supported by a wide and conscientious analysis of cases.

The most prominent contributor is Dr. Austin Flint, whose articles are four in number; three on the physical signs of pulmonary and cardiac affections, and the fourth an analysis of one hundred and two cases of Bright's disease of the kidney. Dr. Lewis A. Sayre has two articles; one on a method of dressing fractured clavicle; the other on the serious consequences which sometimes result from slight injuries to the ankle joint. Dr. Isaac E. Taylor defends in the leading essay, the amputation of the cervix uteri, and reports 84 cases, with 34 favorable results. Prof. Frank H. Hamilton reports seventy-three cases of rare forms of hernia, and accompanies them with practical remarks. Surgery is further represented by the statistics of amputations performed at Bellevue hospital; a report on cases of anæsthesia at the same institution, and a description of the pathological department. Prof. Wm. A. Hammond treats in a very interesting manner of some of the effects of excessive intellectual exertion; and Dr. T. G. Thomas ends the volume with the notes of eight cases of ovariotomy, impressing the propriety of a more frequent resort to paracentesis than has been the custom hitherto.

We hope that the sale of this volume and its recognition by the profession, will be such as to encourage the hospital staff to issue annually similar contributions to our medical literature.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M. D., F. R. S. E., etc. Fifth American from the Fourth London Edition. With 537 illustrations on wood. New York: William Wood & Co. 1870. 1 vol. 8vo. cloth, pp. 1022.

Dr. Bennett's lectures have had a rare success in the profession. He was one of the earliest and most prominent in the reactionary party, who declared against excessive dosing, venesection, mercurialization, and low dieting in treatment. He saw with clear insight the objectionable features of the therapeutical practice advocated by such writers as Watson, in England, and Wood in this country. Like most men of strong opinions and lasting enthusiasm, the errors of his opponents also obscured to him their good qualities, and in aiming to destroy an exaggerated confidence in remedies, Bennett has attacked and cast doubt upon therapeutics in general. While this position of his cannot endure, his name will long be remembered for solid contributions to science, and as that of a vigorous eradicator of error.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 19, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

ETHICS.

The *Medical Times and Gazette* of London in a recent article on the medical journals of this country has this paragraph:

"One thing is constantly giving rise to discussions in America—that is, their code of ethics. We are inclined to think that too much is said about ethics for very much to be done."

We half suspect that our British cousins are not altogether wrong in this amiable remark. Two of our exchanges occupied a very large share of their editorial columns last summer in publishing and criticizing the "Code" This was certainly a barren entertainment for their readers. The duties of physicians to each other are usually clearly enough defined by the Golden Rule, and when cases in casuistry arise, the "Code" rarely covers the point.

The "ethics of the profession" quite too often serve as a cloak for bigotry, or as a weapon for jealousy. Narrow minded men use them to injure competitors, and elevate themselves. The attempt to hedge in personal liberty still more—as for instance, as was attempted at the last meeting of the American Medical Association, by ruling it unethical for a physician to dispense medicines when a druggist is convenient—will surely bring the whole code into merited contempt.

So, too, will action like that of a Medical Society of this State, which observed a work by one of its members advertised by a publishing house. The Secretary was at once directed to inquire of that member whether this was done by his authority, intimating that if it were, the Society would deem it sufficient cause to subject him to what the Quakers call "discipline." As the author had not the least control of the work, or of the publisher, and as the advertisement did not differ in character from the usual advertisements of books, the summons to defend himself astonished him somewhat. When a learned and a so-called *liberal* profession subjects a member to such prying inquisition into private affairs as this, it falsifies its name, and brings itself into deserved discredit. It is this danger which we incur in desiring to adjust our code to all conceivable emergencies, and making it our rule and law, instead of trusting for our guidance to the instincts of gentlemen and the principles of Christians.

—— The dwelling-house and barn of Dr. N. G. Moore at Nashua, N. H., was partially destroyed by fire recently; insured for $4,000.

Notes and Comments.

Notice.

The author of the article on Syphilis, in our last, is Dr. Wm. W. Cable, of Pittsburgh, Pa.

Correction.

The article on Sulphite of Soda, copied from the *Western Journal of Medicine* on page 80, current volume, credited to Dr. Kleiner, should have been credited to Dr. George Kilner.

Praiseworthy Action.

The Medical Society of West Virginia appointed at its last meeting a committee to memorialize the State Legislature to appoint a State Geologist. We like such action as this. Geology is not only interesting in an economic point of view as the science which unlocks the hidden treasures of the mountains and the glens, but it is intimately allied to medicine, and often discloses the origin of endemic disease. We hope the West Virginia legislature will take prompt action on the memorial.

Matters in the District of Columbia.

The "National Medical Society of the District of Columbia" (a Hibernian sort of a name, we think,) is out in a circular, averring that officers of the Medical Society of the District of Columbia "have refused to consult with colored physicians; but instead thereof, have taken charge of patients who were under their care, without giving them the customary notice of their dismissal, in direct violation of the ethics of the profession." If this is so, those officers should be properly punished, as any physician with a decent sense of self-respect will admit, when he remembers that these colored physicians were licensed by this very Society. It is time that science should be recognized as the property of the race of man, without regard to variety, sex, color, or caste.

The November Meteors.

Recent letters from the Mauritius state that a meteoric shower was observed on that island on the morning of November 14th, 1869. Between midnight and 4 hours 40 minutes A. M., 439 meteors were observed, 427 of which were seen during the last 80 minutes. The approach of dawn prevented further observations, but the radiant point was placed somewhere in the cycle of Leo. The trains of light and nuclei were generally white, with a slight tinge of green, but all the prismatic colors were seen.

Correspondence.

DOMESTIC.

Calumba in the Nausea of Pregnancy.

Eds. Med. and Surg. Reporter:—It has been asserted that American authors are a little like the French writer who said, "Je prends mon bien ou je le trouve." Dr. Verdin, in the last number of your journal, would seem to cite me as a special illustration of the truth of this remark.

He states that Dr. W. Stump Forwood recommends, in the *Baltimore Medical Bulletin*, for November 16th, 1868, an infusion of calumba in the morning sickness of pregnancy. I give the same prescription in the "Physical Life of Woman," saying that it is employed by "many physicians." Dr. Verdin thinks the remedy shonld have been specially credited to Dr. Forwood, whom he quotes as stating that "we are not aware that a single practitioner within our acquaintance makes use of it, except those to whom we have made the suggestion," and remarks that "Dr. Forwood appears to be ignorant of the general use of the prescription as claimed by Dr. Napheys."

To these statements I have merely to reply, that a number of years before Dr. F.'s article was published, I found the formula in the United States Dispensatory, whence I transferred it to my note book of recipes, under the head of "morning sickness of pregnancy." I probably did so because I read on p. 291, U. S. D., (edition published in 1858) that "It has been highly recommended in vomiting, unconnected with inflammation of the stomach *as in the sickness of pregnant women.*"

Thus it happened the remedy became a familiar one in my hands several years before Dr. F. published his statement, that he was unaware any one had ever used it, "except those to whom he had made the suggestion." The fact of the formula occuring in the U. S. Dispensatory, which is in the hands of almost every physician, may, I think, be instanced in evidence of "the general use of the prescription as claimed by Dr. Napheys."

In *every* work upon materia medica which I have at hand, I find calumba recommended in the sickness of pregnancy.

Dr. Mitchell on p. 252 of his Materia Medica and Therapeutics, (edition, 1857,) says, "It is also highly beneficial in the troublesome *sick stomach of early pregnancy*, (the italics are Dr. Mitchell's).

Dr. Biddle, on p. 91, of his Materia Medica, says: "It is also a good preparation in the sickness of pregnant women."

Dr. Riley, on p. 62, of his Materia Medica and Therapeutics, says: "It also proves useful in sym-

pathetic vomiting, particularly in that of pregnancy."

Dr. STILLÉ, on p. 495, of vol. I., of the last edition of his Therapeutics and Materia Medica, says: that Dr. PERCIVAL who introduced it into medical practice, prescribed it for "habitual vomiting proceeding from sickness of the stomach and in that which occurs during pregnancy."

Dr. CHURCHILL (p. 498, of Diseases of Women, edition of 1857,) speaks of the infusion of calumba, as being occasionally beneficial in this affection.

But I have quoted at sufficient length to show there is something to be said in support of my statement that the remedy in question is regarded with favor by "many physicians." I therefore think Dr. VERDIN has some reason as well as courtesy on his side, when he says of me that, "It is fair to infer he was unaware of his indebtedness to Dr. FORWOOD, for this prescription." Now, however, that I am informed, I will cheerfully record in the next edition of my work his "right of seniority in using the remedy." I trust also that in future editions of the works from which I have just quoted, justice will be done Dr. FORWOOD in this particular. GEO. H. NAPHEYS, M. D.

Philadelphia.

Remarks on an Obstetrical Case.

EDITORS OF MED. & SURG. REPORTER:

In your valuable journal of the issue of the 29th of January, 1870, a most interesting, as well as a most rare case of mal-presentation of the cranium is recorded by Dr. J. P. Chesney, of New Market, Mo., under the caption of "*the sixth position of vertex presentation.*"

Perhaps the cause of obstetric science may be furthered, and thus human life be preserved in cases of great difficulty, if you will permit a short criticism of the report given by Dr. C. If the language of the REPORTER be analyzed, it may safely be declared that this was not a "Vertex presentation, that is, of the *posterior* fontanelle, but it was a presentation of the "Sinciput," that is, of the *anterior* fontanelle. Dr. C. expressly asserts that he "found the forehead of the child resting against the superior face of the symphisis pubis, and the occiput at the promontory of the sacrum." Hence the long diameter of the cranium, often measuring from four to four and a half inches, was parallel with the sacro-pubic diameter of the superior strait, usually estimated at four inches. It is no wonder, therefore, as the head did not change its "position" under the influence of uterine contractions which had lasted some forty-two hours, that it should be here arrested. It is, indeed, a case of impracticable labor by natural efforts, the child's head being fully developed. If, on the contrary, it had been a case of vertex presentation, in the sixth position, there would have been but short delay at the superior strait, for then the base of the occiput would have been at the promontory of the sacrum, and the anterior fontanelle against the symphisis pubis, and hence the cervico-bregmatic diameter, measuring but three and a half inches, would have been parallel with the short diameter of the superior strait. The head, under these circumstances, could be driven by strong pains into the cavity of the pelvis.

This distinction between the two presentations is of immense practical value. If the physician first called to Dr. C.'s case, had recognized the proper presentation and position of the child's head, the presentation could, in all probability, have been easily rectified, by pushing up the os frontis behind the pubes by means of the finger, and by bringing down the occiput posteriorly by means of a vectis so as to produce flexion, and thus secure the advantage of a short diameter as a substitute for the long diameter of the cranium. Further advantage might also have been gained by lateral pressure upon the os frontis, so as to alter the position into a right or left occipito-posterior. By this manœuvre, the cervico bregmatic diameter would be brought into correspondence with the oblique or long diameter of the superior strait.

At the time Dr. C. was called to this case, all such changes may have been impracticable, as the head was arrested, perhaps "locked." The forceps were inapplicable, as the blades would embrace the head in the direction of the vertical diameter of the cranium, instead of the oblique, and moreover, the child's head would have been drawn down, presenting its occipito frontal diameter, at the greatest possible risk to the bladder and other tissues of the mother. The clear indication in all such cases, is to alter the presentation of the anterior fontanelle into one of the posterior, by causing flexion by means of the fingers, the hand, or the vectis. This manœuvre would probably have been easy in the present case, as this was the lady's ninth confinement, and no deformity is reported. This very rare example of occipito sacral presentation of the anterior fontanelle exhibits the dangers of such complications, and the great importance of a minute knowledge of the mechanism of labor, to insure the life of the child, and even that of its parent.

The student is referred, not to M. Nægele, nor to his numerous followers, in Britain or America, but to Baudelocque, Velpeau, Dewees, and also to pages 316 and 320 of "The Principles and Practice of Obstetrics," and published in 1864, by Blanchard & Lea, Philadelphia.

Philada., Feb. 1, 1870. H.

Fracture of the Skull.

EDS. MED. AND SURG. REPORTER:

About the 9th of December, 1868, I was called to see Private Jacob D——, Co. "F" 25th Infantry,

who had been knocked down by a base ball bat, in the hands of one of his comrades. When I saw him a few minutes after the occurrence he was insen ible; remained in that state about half an hour, when he died.

Upon a post-mortem examination, fracture of the skull was found extending from the orbit of the left eye, running upwards to a distance of nearly two inches through the frontal bone, then ranging backward in a crescent shape through the left parietal bone to the occiput, then transversely forward to the orbit, continuing into the floor of the orbit, leaving in this space detached skull nearly two inches in width and four inches long, which was taken out with the fingers. Upon further examination, by opening the membranes within this space, a clot of grumous blood was found, amounting to between two and three ounces.

W. W. P. Fleming.

Fort Bliss, Texas, Jan. 15th, 1870.

News and Miscellany.

Intemperance.

Among the evils which curse this country there is not one that is greater, and that more demands the most wise and judicious management, be it simply moral, or be it legislative, than intemperance. We care not how radical the action may be, only that it be practicable and judicious. It is of no use to pass laws *entirely* prohibiting the sale of alcohol and alcoholic liquors, for they must be used for many purposes—but their indiscriminate sale, and their use as a beverage, as at present allowed, can and should be stopped. The *Lancet* has the following remarks on the subject from an English standpoint:

"As med cal journalists, we feel deep responsibility in regard to the liquor traffic, and the suggestions of different reformers for its regulation. We represent a profession which has immense indirect influence over the social use of alcohol. *The Times* makes a point against the United Kingdom Alliance by averring that their views of total abstinence are opposed to those of the majority of the medical profession. No doubt this is the case. And yet it seems to us that, the fact of the majority of medical men believing in the advantage of the use of a moderate quantity of alcoholic stimulant, should be no hindrance to any practical measures, felt to be necessary for the mitigation of the terrible evil and curse of drunkenness.

Let us say here, at the outset, in the name of the medical profession, that we are increasingly impressed with the responsibility of the therapeutic and dietetic use of alcohol. The tendency to prescribe it excessively and for everything, which was too much the fashion a few years ago, is greatly altered; and the present prescription of it is much more moderate, and regulated by stricter scientific criteria. Having made this admission, we must be excused from going further, and for maintaining that, in moderation, alcohol cannot wisely be dispensed with as a medicine; and that, as an article of diet and in its milder forms, it is indispensable in most houses.

"This being so—to say nothing of other reasons, social and political,—the proposal of the United Kingdom Alliance to entirely suppress the liquor traffic, is one that cannot seriously be entertained by practical legislators. At the same time, legislators and social reformers of every school feel, in common with the Alliance, the urgency of the duty of doing something to diminish the drunkenness of the country, for the sake of our national health, happiness, and reputation; and the Alliance may well be congratulated, on having so successfully gained the help of large classes of men, who do not entirely concur with it as to the measures to be taken for this purpose. Perhaps no body of men see so much of the evil of drunkenness as the medical profession. To say nothing of furtive drinking, chiefly known to that body, we see indications of our national vice in the homes of the poor, as well as in their diseases, as no other men see them. We know, therefore, better than others, how it degrades men physically and socially.

"We are correspondingly anxious to support all wise and sound measures for the abatement of this evil. There is little doubt, after the speech of Mr. Bruce this year, that the Government will bring in a measure to further restrict the sale, or the places of sale, of drink. And unless the public-house influence is much greater in Parliament than it should be, we shall hope to see the power of licensing transferred from the magistrates to the ratepayers, or somebody elected by them for the very purpose. As the ratepayers have to keep the paupers that are manufactured so freely by the public-house system, it is only reasonable that they should have the licensing system under their control.

"But we have a more serious remedy to propose for this great evil, and that is, the abolition of the right of drinking on the premises. We mean nothing so harsh as to deprive travelers or wayfarers of a little refreshment, but the right of sitting for hours together for the mere purpose of drinking, is one that is so clearly chargeable with all sorts of bad effects, that it has no claim to be continued. We wish the Alliance would become practical, and ask for this limitation of the liquor traffic. Men cannot in this country be denied the right of buying a reasonable quantity of alcohol. But surely the right of prolonged sittings in public houses for the mere purpose of drinking, should now be stop-

ped or greatly qualified. Men will use beer, or spirit, or wine. Let them use them at home with their wives, under domestic conditions, and a fatal blow will thus be dealt at the system of drinking in public houses."

Transfusion of Blood in Traumatic Fever.

Prof. HUETER has lately used transfusion, though without success in some cases, certainly with a temporary benefit in others.

In the first case, a brazier got a burn on the body: intense fever came on, and in eight days the patient was in extreme danger. Transfusion was now practised. Suppuration commenced the next day, and the dead parts separated. A second time transfusion was performed. Several papillæ now formed at the wound. On the twenty-fifth day, hemorrhage ensued from these. The next day, when the patient was *in extremis*, transfusion was again used, but death took place during the operation.

The second was a case of suppuration at the hip-joint, with a huge suppurating sac at the knee joint. Resection was performed, and the patient, worn out with consecutive hemorrhage, fell into deep collapse. Transfusion was now performed, twelve hours after the operation. The condition of the patient and aspect of the wound improved. In three weeks afterward the patient died of pneumonia, and *post-mortem* examination showed extensive grey hepatization at the bases of both lungs.

The quantity of blood injected varied from 8 oz. to 1 lb. Before the operation was completed the patient, though delirious up to this, recovered consciousness, answering questions, etc., and the pinching of the features disappeared. In about half an hour afterward a severe rigor came on, and fever became established.

Prof. HUETER has performed the operation five times on three occasions from the radial, and twice from the posterior tibial artery.

Observation on High Winds from a High Stand-Point!

Prof. HUNTINGTON and Mr. A. F. CLOUGH, the devotees of science, who are spending the winter on the top of Mooseilauke Mountain, in New Hampshire, had a rare opportunity to observe the awful war of the elements during the storm which occurred on the 2d inst. The following particulars are suggestive:

"At 10 A. M., Mr. Clough ventured out with the 'wind-gauge,' and found that the wind was blowing at the rate of 95 miles per hour. In the afternoon the wind increased, and at 3 o'clock he went out with the 'gauge' again; he was instantly thrown down, and was unable to stand up the instrument. The rain was pouring, but he managed to hold the 'gauge' for five minutes, and then, after four attempts, each time being thrown down by the wind, he succeeded in getting back into the house. This time they found that the velocity of the wind was 101 miles per hour, and Prof. Huntington thought if the 'gauge' had been properly held it would have shown that the velocity was 120 miles per hour. About dark their window was blown in, and they had hard work to board it up; the walls of the house are of stone, but such was the force of the wind on the roof, that every part of the inside trembled like a leaf, and so loud was the roar that one had to shout to make the other hear, although not more than six feet distant. The rain fell in torrents."

The Faraday Memorial.

All lovers of science must regret to learn that the funds for the erection of a statue to the late Michael Faraday, in St. Paul's Cathedral London, are not yet sufficient for the purpose. An announcement to this effect was made by Sir Roderick Murchison, at the reunion of the Royal Geographical Society, on Monday last. Sir Roderick reminded his audience of the public meeting at which, under the presidency of his Royal Highness the Prince of Wales, it was resolved to commemorate the illustrious *savant*,—a resolution which was ably and eloquently supported by M. Dumas, one of the perpetual secretaries of the Institute of France. He further reminded them that it was in the very theatre in which they were assembled that Faraday, for upwards of thirty years, was in the habit of unbending from his severer researches, and of at once delighting and interesting vast audiences by the masterly comprehensiveness, lucidity, and ease of his lectures. The boys and girls whom he was also accustomed to entertain at Christmas by his illustrations of chemistry and physics, and many of whom are now mature men and women, must also retain, not only admiration, but fondness for the genial philosopher's memory, and must be desirous of seeing it adequately perpetuated by the sculptor's art. To all such, and indeed to the nation at large, the appeal of Sir Roderick Murchison must come with irresistible force; and we trust that it will be followed by such additions to the subscription-list as will ensure the erection of a statue in St. Paul's Cathedral worthy alike of the great and good man it commemorates, and of the noble edifice in which it is placed.

Organization of the Ophthalmological Society of Philadelphia.

A meeting was held at the Hall of the Pennsylvania Hospital, on the 8th inst., in response to a call signed by Drs. I. HAYS, E. HARTSHORNE, D. H. AGNEW, W. F. HUNT, R. J. LEVIS, A. HEWSON, T. G. MORTON, A. D. HALL, and G. C. HARLAN.

The society was organized by the appointment of

Dr. R. J. Levis as chairman, and Dr. W. Hunt as secretary.

The chairman made some remarks in reference to the prominent status of ophthalmic science, its rapid and continued development, and claimed it to be the most advanced specialty in the domain of medicine. He believed that the profound study of the subject and the extended practice by individuals in the city, would render the association of mutual interest and tend to promote the science.

The following permanent officers were elected: President, Dr. I. Hays; Vice Presidents, Drs. E. Hartshorne, and T. G. Morton; Secretary, Dr. W. F. Norris; Treasurer, Dr. W. F. Hunt.

The meeting was well attended and the society organized with much spirit. It is expected that the proceedings of the society, composed as it is, of some whose names are familiar, to us as prominent ophthalmic surgeons, will in some form be presented before the medical public.

Ophthalmic practice has undergone great transitions within the last few years, and reports of investigations and discussions by practical men will be received with interest.

Proposed Law for Proprietory Preparations.

The Cumberland county, Pa., Medical Society suggest the following, as a useful law:

"*Be it enacted*, &c.—That every person, who shall purchase for sale within the State, or shall sell to any person or persons residing in the State, any of the following named Medicinal Preparations in any bottle, box, or parcel, not having the manufacturer's label and certified formula of ingredients thereon (except as hereinafter provided), shall be guilty of a misdemeanor, &c.

"Every such label and formula shall contain the name of the preparation, the names of the ingredients (if two or more,) entering into its composition, the exact proportions of these ingredients the name, of the manufacturer, his place of business, and the words Manufacturer's Label and certified Formula of Ingredients, &c.

"Every person who shall place or cause to be placed on any bottle, box, or parcel, containing any of said medicinal preparations, such manufacturer's label and formula, not having first certified before a Justice of the Peace or Alderman, that such label and formula, to the best of his knowledge and belief, is a faithful, true and exact representation of such medicine, shall be guilty of a misdemeanor, &c.

"Every person who shall fill a prescription of any physician or surgeon in which any of said medicinal preparations is mentioned, shall use such labeled preparation, and no other as as ubstitute; but shall not place a manufacturer's label and formula on such prescribed preparation, compound, or mixture, &c.

Feigned Sex.

A case of feigned sex is reported in the *British Medical Journal*. "The deception was not discovered until after the death of the individual, when it was found that a person who for fifty years had passed herself off as a man, and who had actually been twice married, was in reality of the female sex. During her illness, she had been particular in refusing all access to her person. A case the converse of this came under our notice at Moorfields Hospital a few years ago. An elderly "woman" was admitted with senile cataract. She came up from the country, where she was gate-keeper at a gentleman's lodge, where she had lived for many years. In the hospital, her manner of walking, her frame, her voice, and the condition of her beard, repeatedly attracted attention. A year after her return home with recovered sight, she was charged with being the father of a bastard child, and her imposture was established. A deception on the part of the male sex is even more disgusting and unreasonable than when it occurs in a woman."

Treatment of Snake Bites.

Some time ago, says the *Australasian*, Sir Redmond Barry forwarded to the Indian Government a copy of Dr. Halford's paper on the treatment of snake-bite. An official communication from India has been lately received by Sir Redmond, informing him that the Indian Government has had the paper reprinted and circulated in the various departments, with the view of obtaining reliable facts as to the efficacy of injection of ammonia as recommended by Dr. Halford. The attention of medical men who may try the remedy in India, is epecially directed to the following points: 1. The kind of snake by which the bite was inflicted; 2. The circumstances under which the patient was bitten; The lapse of time between the bite and the application of the remedy; 4. If any other, what, remedies were applied; 5. The result. The circular is issued by order of the Inspector-General, Bombay Department.

Pre-Historic Man.

A discovery of human and animal remains has been communicated by Professor Capellini, of Bologna, to the *Gazetta dell' Emilia*. They consisted of numerous flint and stone implements, the workmanship of which showed they belonged to the earliest period of the stone age. Besides these wrought implements and various other objects brought into the cavern by its human occupants, he found a considerable quantity of bones of animals mingled with bones of human beings. The condition of these latter bones, he says, "would justify the inference that the grotto had been inhabited by anthropophagi, and that the Italians of that epoch were cannibals, like their contemporaries in Belgium, France and Denmark. Among the human bones found were those of women, and part of the jawbone of a child some seven or eight years of age. Some of these bones were entire, others were partially calcined. In the centre of the cave it was possible to discern traces of a fireplace.

A Fact for the British Anti-Vaccinationists.

The London *Athenæum* draws timely attention to the fact that, the Native Association of Bombay has withdrawn its opposition to the Government Bill for making vaccination compulsory in that presidency. Let us hope that the enemies of compulsory vaccination in this country will be shamed by this fact into a discontinuance of their opposition to a most wise and benificent act, which hurts none but members of the medical profession. We wish we could believe there was any chance of this. But the nonsense talked by the Anti-Vaccination League is so arrant and absolute that we can scarcely do so. What we do hope, however, is that this nonsense will not seriously influence the counsels of the nation. Surely legislation is not to be based on the prejudices of the least-informed and the most ignorant.

Mental Work and Longevity.

We find the following in a late number of the *British Medical Journal:* The death of the Bishop of Exeter, at the age of ninety-one, is of some interest to those engaged in the study of longevity. His had been a most active life. He was said to have spent from twenty to thirty thousand pounds in law-suits; had been engaged almost without intermission in vehement controversy; and had written so much, that the titles only of his works occupy thirty pages in the British Museum Catalogue. His whole life was spent in hot water; but it seemed to agree with him, for he lived through three generations. His father had lived to eighty, and his mother to seventy. In addition to an inherited soundness of constitution, we cannot doubt that he possessed the invaluable power of dealing with outward things objectively, and not allowing either controversy or disappointment to disturb his digestion or his rest.

Meat Preserving.

A Melbourne paper says that the satisfactory intelligence received by the last two mails, respecting the disappearance of the prejudice once existing against Australian preserved meat as an article of food, has not only led to the formation of several new companies, but has encouraged manufacturers at present in the field, to extend their operations. A company recommenced operations in June last, since when they have shipped 300 tons of meat in tins, and the whole has met with a ready sale.

"Benedict's Time."

Those of our readers who live in and near New York are so familiar with this term as the standard of time in that city, that we need not remind them that Benedict Brothers whose card appears in our columns, are first class dealers in watches, jewelry, etc. Our readers, not acquainted in New York, can call on or communicate with them for anything in their line with confidence.

Dr. Ricord.

This distinguished specialist has received a gratifying mark of imperial favor. Like M. Nélaton he has been made a Senator. The honor of being admitted to the legislature is more frequently attained by foreign surgeons and physicians than by British ones. Virchow, the Prussian pathologist, is another instance of high professional merit being rewarded by a seat in the Upper Chamber. These marks of royal or imperial favor are as judicious as they are generous. The presence of able and experienced medical men in the legislative body cannot fail to contribute to the completeness and maturity of its counsels; and in these days especially, when sanitary and poor-law questions are everywhere in the foreground, such an auxiliary to thorough legislation must have an almost unique value.

—— The Marquis of Bute has signified his intention of subscribing £1000 toward the building fund of the new Glasgow University. An addition is also announced to the list of benefactions conferred by the Marquis on the town of Cardiff; his lordship has just relieved the hospital ship *Hamadryad* from a debt of upwards of £1000.

—— From the annual report of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland, we find that £830 was distributed this year among 89 applicants: 11 were medical men, 67 widows of medical men, and 11 children of practitioners. The largest grant was £25; the lowest, £5. Among the list of donations to the Society was one of £375 by Dr. T. H. Purdon, of Belfast.

Relapsing Fever.

The Metropolitan Board of Health of New York, has deemed it necessary to promulgate the following ordinance concerning relapsing fever, which has not been seen and known before in that city. Great importance is attached to the prompt and general compliance with the requirements of this ordinance, because the infectious malady to which it relates can be prevented from spreading if all the poor people who suffer from it and all tenements in which it prevails are reported without delay to the Board of Health for the sanitary care that is required. The following is a copy of the ordinance:

"It is hardly declared to be an additional ordinance of this Board, that the disease known as the Relapsing Fever is hereby declared to be a disease of a contagious or infectious nature, within the meaning of the 19th Section of the Ordinances of this Board, and that the same reports are required to be made in respect to said disease as are required relative to any disease mentioned in said section."

Dr. Harris, the Sanitary Superintendent, in speaking of the fever, says that in the investigation of the first 150 cases that have been made known in New York the following facts appear: First, that nearly all of this number of sick persons who have received

treatment at home have received only casual visits from a physician, being charity patients; second, that with few exceptions the attending physicians in such treatment have regarded and mentioned these patients as being sick with remittent fever or with a typhoid fever (without the usual eruption and bowel symptoms), and with accidental relapse of the disease before final recovery; third, that the fever has not thus far spread throughout the various families of any tenement-house, but has been confined strictly to single families and such groups of persons and families as have been directly exposed in the sick room or to the unwashed clothing of the sick.

—— The following card is published by a philosophical Down East surgeon:

"Dr. Banks would be pleased to have a call from the unknown individual who ran him down in the darkness of the evening of Monday, 24th inst., upsetting his gig, precipitating him upon the ground, causing his horse to run away with the upset vehicle and badly damaging it. The Doctor feels so grateful for his almost miraculous escape from death, that he is desirous of making the acquaintance of the stranger and soliciting the privilege of attending him in any sickness which may require professional services."

——A new variety of cinchona, yielding a larger percentage of quinia than any species yet analyzed, has been discovered by the quinologist to the Madras government.

QUERIES AND REPLIES.

MESSRS. EDS:- I wish to make inquiries of your many intelligent readers, about the best method to expel or destroy worms; and especially the tape worm. I am a young practitioner, and have had many cases of worms troubling children, and have tried nearly everything which I find recommended in Condie, Wood and many other authors, and as yet, I have never brought away any worms. J. W. C.

Answer.—Perhaps there were no worms to bring away. We have found santonine the most effectual vermifuge for the lumbricoid worm. Try the pumpkin seed for tape worm, though children are seldom troubled with that species of worm. See an article on worms, in the HALF-YEARLY COMPENDIUM for January,

Woman's Medical College.

Dr. Z. E. B., of Mich.—"Is the Woman's Medical College of Pennsylvania a legitimate organization?"

Answer.—It is.

The Eye.

Dr. J. B., of Pa.—"What work on the eye is the best?"

Answer.—Their name is legion. For injuries of the eye, we recommend Lawson; for anatomy and physiology, Metz (2.50); and for diseases, Laurence & Moon. We can send you any, or all of these.

Dr. S. L. J., of Mich.—We cannot furnish the numbers you wish except we send the whole volume.

Dr. G. F. F., of N. J.—We do not know where the Adirondac Spring Water can be obtained, but presume you could order it through any New York druggist.

OBITUARY.

DR. CHARLES COTTON.

DR. COTTON was born at Plymouth, Mass., on the 7th of October, 1788, and entered Harvard College at an early age, in fact he graduated from this college in 1808, aged 20 years. He then studied medicine under Dr. JAMES THATCHER, of Plymouth, Mass. In 1812, he entered the U. S. Navy as surgeon. Served through the war and resigned in 1823. During his term in the navy he served on board the *Constitution* and *Hornet*, and was on board the latter vessel at the time of her engagement with the *Peacock*. He was on the former vessel when she conveyed our minister, Mr. JAY, to France. After performing the usual amount of sea-service he was stationed at the Charlestown Navy Yard, and afterwards had charge of the Naval Hospital in this city. This was in 1817, and it was then that he married MARY, eldest daughter of the late Capt. STEPHEN T. NORTHAM, by whom he had fourteen children, seven of whom are still living. Since his resignation as Surgeon in the Navy, he has continued the practice of medicine in Newport, R. I.

The Doctor, while the *Hornet* was engaged with the *Peacock*, was naturally desirous of witnessing the result of the engagement while his duties allowed, and often exposed himself to the shot of the enemy BAINBRIDGE, knowing the value of his services, remonstrated with him for thus exposing himself, and finally threatened to place him under arrest if he did not keep below the water-line.

Dr. COTTON was a member of the Masonic Order, of the Rhode Island Historical Society and of Trinity Church. He died in the early part of the present month.

MARRIED.

CARTER—WELLINGTON.—At Churchill, Kansas, by Rev. Geo. P. Van Wyck, Captain Mason Carter, of the United States Army, (Augusta, Ga.,) and Miss Lucy, daughter of Oliver H. Wellington, M. D., of the former place.

HIGGINS—WATKINS.—Feb. 3, at the residence of the bride's parents, by the Rev. E. H. Chapin, R. Lacey Higgins, M. D., of South Norwalk, Conn., and Mary E., daughter of James Y. Watkins, Esq., of New York.

KNIGHT—SOUTH.—January 27th, in Philadelphia, by the Rev. J. L. Withrow, Dr. William L. Knight and Miss H. Louisa South, all of this city.

DIED.

COOK—At his residence, at Selma, Clark county, Ohio, January 30th, of disease of the heart, Dr. Jesse W. Cook, in the 69th year of his age.

ERWIN.—In Indianola, Iowa, January 30th, Mrs. Dr. B. Erwin, late of Warren county, Ohio, on her 64th birthday.

PURCELL.—On Friday evening, February 4th, 1870, at 670 Second avenue, New York, of Pthisis, Mary Teresa, wife of Dr. William J. Purcell, and oldest daughter of the late Joseph Beecham, Esq., of Rome, N. Y.

TROWBRIDGE.—At Tom's River, N. J., Lewis Paulding Trowbridge, aged 17 years, 5 months, son of Dr. J. L. and C. E. Trowbridge.

METEOROLOGY.

J'y & Feb	31,	1,	2,	3,	4,	5,	6.
Wind.....	N. E.	N. W.	S. W.	N. E.	N. E.	N. E.	N. E.
Weather.	Cl'dy	Clear	Clear	Clear	Cl'dy	Cl'dy	Cl'dy
Depth Rain							
Thermom....							
Minimum..	25°	25°	15°	24°	22°	20°	26°
At 8, A. M.	34	35	27	34	22	26	30
At 12, M...	34	38	43	40	27	31	37
At 3, P. M.	33	37	44	41	26	30	
Mean.....	31.50	33.75	32.25	34.75	24.25	26.75	31.
Barometer..							
At 12, M...	30.1	30.1	30.2	30.2	31.2	30.2	30.2

Germantown, Pa. B. J. LEEDOM.

FEB. 23. 1870.

THE

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Original Department.

Communications.

OBSTETRICAL REMINISCENCES.

By F. K. Bailey, M. D.,

Of Knoxville, Tenn.,

I. Rupture of the Uterus.

"This formidable and very fatal accident," says Dr. Churchill, "has long been known to practitioners in midwifery."

Dr. Trask, in *American Journal of Medical Science*, for January and April, 1848, has a monograph upon the subject. Ten authors in 133,520 patients, give 111 cases, or about one in 1,203. One case only has fallen under my observation. I will briefly give the obstetrical history of the patient.

She was an intelligent and interesting lady, native of Scotland, and married at about 20, in 1844 or 1845. I was called to attend her in her first confinement some time in 1846. It was a foot presentation, and I at once found that the pelvis was narrower than usual. The head was a long time passing to the lower strait, and was besides further delayed by an unusually rigid perineum. The head, though not large, was much elongated. Pressing upon the funis caused death at the commencement of severe labor.

Recovery soon followed, and in about 18 months she was delivered of a second child, but was attended by another physician. I learned the presentation was of the head; labor severe, and the child not alive. In due course of time pregnancy again occurred, and when taken sick I was called. It was on the 4th of July, in 1850 or 1851. Found labor well progressing, the knees in presentation. The labor was lingering, and I was more fully convinced than at first that the pelvis was narrow. The perineum, besides being rigid, seemed also to be unusually small. The child was dead, and the mother seemed barely to survive. I well remember remarking to the husband that I felt apprehension she would never survive another labor.

She recovered slowly, and was feeble for some time. During the summer or fall of 1853, I was called again to attend the lady, and repaired with reluctance and many fears to the bedside. At this time I learned that the family had decided to place the case in the hands of a midwife, who was quite a sensible person. Labor commenced in the morning, and the pains became after an hour or two, very severe. At 11 A. M., the lady attendant found a hand protruding from the vagina, and advised that I should be called. Being away from home, I did not see her till 1 P. M.

Then the hand was without the vulva, and with the arm terribly swollen.

Uterine contraction had been very severe and expulsive for three or four hours. So swollen was the arm that it was impossible to introduce my hand in order to turn, besides the os was very rigid and unyielding. I at once gave a full dose of morphia in the hope of mitigating pain, and relaxing the uterus so that I might complete labor by podalic version. I immediately sent for chloroform, and requested counsel. My friend Dr. O. P. Strobridge, was called, and arrived promptly. Dr. S. at once brought her under the influence of the anæsthetic, when the pains became much less violent.

I cautiously carried my right hand alongside the protruding arm, and slowly the rigidity of the os, allowed its introduction to the uterus. To my surprise and sorrow, I soon found that my hand was among the intestines. Besides a consciousness of what had occurred to the uterine parietes, there was the peculiar hot and sickening sensation described as being felt, on

handling the intestines, as they lie in the abdominal cavity.

No part of the child had escaped at the rent, and I at once returned my hand to the uterine cavity, and reached the knees without any trouble. Delivery was effected in a short time. The rupture was on the left side at about the lower third, and extended parallel to the longitudinal fibres.

Peritonitis quickly followed, and my patient died, after having suffered intensely for about thirty-six hours after delivery. No notes were taken at the time, and the above is given wholly from memory. No post-mortem examination was made. Of the 303 cases cited by Dr. Trask, 16 were presentations of the shoulder, arm or side. Of the 16 only five recovered.

Regarding the diagnostic signs of rupture of the uterus, but little can be said. In narrow pelvis, there is more or less danger of this accident. In this case, I have not the least idea when the rupture occurred, as the expulsive efforts were very violent for some hours.

It being impossible to introduce the hand to assist in any degree in the removal of the child, I was very certain that I had no direct agency in causing it. It was only by means of chloroform that there was anything effected in ascertaining the condition of the uterus, or facilitating delivery.

The only hope that I entertained of a favorable issue in the case, was the possible occurrence of what is commonly known as

"Spontaneous Evolution."

I had, on one occasion, some years previously been made happy in nature's kind interference in a shoulder case. It was reported in the *North-Western Medical and Surgical Journal*, for September, 1852, and I need offer no apology for repeating it in this connection.

On the 20th January, 1843, at 5 P. M., I was called to visit Mrs. D——, aged about 40, mother of several children. Found that she had been in labor all day, and had deferred sending for medical aid, "in hopes to get along without."

On examination, found that the left hand and arm had passed so low that the shoulder could easily be felt. The os uteri was dilated to a considerable extent, and each contraction pressed so hard as to push the hand almost without the os externum.

The whole extremity was so swollen as to fill the vagina, rendering it impossible to pass my hand into the uterus, in order to bring down the feet. The woman was considerably exhausted, and very much agitated withal. I immediately gave her a full dose of opium, and during each pain pressed as hard as was practicable against the arm.

Proceeding in this manner during a dozen or more pains, the shoulder began to recede a little, carrying the arm higher up in the vagina. Encouraged by such appearances, I persevered for nearly half an hour more, when to my joy the arm and hand suddenly went beyond reach. In a short time the feet presented, and the labor was soon finished. The child appeared as though it had been dead some time; it was full grown, weighing over seven pounds.

The rationale of the process resulting as above stated, I then gave in the following words:

"Each pain tended to push the shoulder into the vagina; after it had advanced to a certain limit, no further progress would be made; pressure upward upon the shoulder prevented any advancement, and the contraction of the fundus would push the feet down, and also give a rotary motion to the whole body. After the body of the child had turned to a certain extent, the presenting shoulder would be drawn back into the womb. The action of the fundus was the same as that of one hand of the obstetrician pulling down the feet, while the other pushes upward against the presenting shoulder."

I had attended the woman in one or two confinements previously, and labor had progressed and resulted very favorably. The pelvis was broad, and the patient very strong. If the pelvis had been narrow, evolution could not have occurred. It was before the days of chloroform and the benefits of an anæsthetic could not aid in the case.

In Braithwaite, Part X, art. 133, is the report of a like case, from the *Lancet* for May 25., 1844, by Dr. John Edwards of Dorchester. Laudanum was given, and pressure employed against the protruding arm. He states that *the head and arm ascended*, the breech and legs at once entered the pelvis, and labor thus concluded. It is not stated how many children she had had previously.

In Part XIV Braithwaite, art. 167, is the record of a case from *Monthly Journal of Medical Science*, Jan., 1846, by Prof. Paul Dubois, in which version was effected, or perhaps ver-

sion by evolution. It is not stated whether the protruding arm was retracted, but it is inferred, in the statement that the shoulder was pushed up. The editor of Retrospect very properly inquires why a powerful dose of opium was not given before proceeding with the manipulations.

In Part XVI Braithwaite art. 148, is mentioned a case from the *Lancet*, Aug. 21st, 1847, where the arm had presented itself some hours before the accoucheur (J. Jones Esq.,) arrived.

He adopted the plan practiced by the Elder Ramsbotham, viz: that of perforating the chest, with a view to evisceration. He says "I accordingly introduced a large perforator between the ribs. Scarcely had the instrument entered the thorax, when a severe expulsion pain came on. In the meantime, it was the work of a second,—the body of the child receded, the arm followed, and I had barely time to withdraw the instrument before the breech presented. A few minutes afterward the labor was over, and the woman recovered without any unfavorable symptoms."

We are not told how the penetration of the thorax caused evolution; but it does seem that a little pressure upward upon the prolapsed arm, or the shoulder, might have produced the same result, without resorting to means certain to destroy the life of a child, not known to be dead. No opiate was given.

In Braithwaite Part XVIII. art. 54, is the record of two cases by Dr. T. Radford. In the first, he found the right hand down, and the entire arm protruding. The scapula was placed forward, and the clavicle rested firmly against the upper portion of the left descending ramus of the pubis. A drachm of laudanum was given, and ʒxviij blood drawn. He made an ineffectual attempt to introduce the hand to turn, and, finally, the breach presented, which came down followed by the thighs, body, and head with the left arm. The right arm, he says, remained *fixedly stationary*. In the second case, the left arm came down, the corresponding scapula was forward, and the clavicle pressed against the *right* ramus of the pubis. Labor was finished in the same manner as the first. The *left arm* remained stationary. One drachm of laudanum given.

In art. 155, is a case reported by Henry Winterbottom, of Manchester, as one of the so-named "Spontaneous Evolution." He says, "By a vaginal examination, I discovered the hand protruding externally, and, on passing the finger into the vagina, felt what I considered the shoulder. Gave full dose of laudanum, and prepared to turn. Found what was supposed to be a shoulder, to be the breech which presented, and labor was finished, the hand and arm retiring."

Mr. Winterbottom then remarked that this might be considered by some to be the result of the process misnamed "spontaneous evolution."

The three cases above named were first reported in the *British Record*, the editor of which takes occasion to observe, "that it is to be hoped the matter is placed in a clear light," and denies "that such cases ever occur." The three last are in my opinion merely misplaced breech presentations with a hand down. Dr. RADFORD'S cases are clearly so, for the hands did not recede.

In part XLVIII, Art. 98, Braithwaite, is related a case by Dr. RICHARD HODGES, from *Edinburgh Medical Journal*, June, 1863, which the reporter considers as spontaneous evolution. But, although a hand presented, still the breech came down, and the arm and shoulder remaining under the arch of the pubis, and not receding.

Dr. H. alludes to the diversity of opinion regarding such cases, but still considers his as one of spontaneous evolution.

There seems to be a preponderance of authority favorable to "spontaneous evolution," as a distinct phenomenon in labor. In the case attended with rupture, it was my intention after the patient had been brought under the influence of chloroform, to crowd upon the hand, in hopes to effect an evolution. But the contractions continued so strong that no impression could be made, and an attempt at podalic version was the only alternative. In 1858 or 1859 I attended an Irish woman in labor, who already had several children. "A hand-down to the world" was the occasion of calling on medical aid.

Labor had progressed rapidly, and an arm swollen and livid was in the vagina. I gave a full dose of opium, and for a time attempted to push back the protruding member. Failing in this, I at once introduced my hand, and brought down the feet. In labors occurring before the sixth month, I have frequently found the child lying transversely, with sometimes a hand presenting. In such cases it is

of no consequence whether we change the position or not, because in a good sized pelvis, the fœtus can escape in almost every shape.

Some of the writers upon midwifery explain the causes which lead to the abnormal positions which are made the subject of the above remarks, but it is not proposed to discuss them. The difficult, and unusual cases in obstetrics, are unwelcome both in theory and practice.

Many practice for years, without encountering a case of "spontaneous evolution." Prof. Bedford says: "I must confess that I have never, in the course of my observation, met with an instance of what may be properly termed 'spontaneous evolution.'" He does not doubt the testimony of others, and remarks that it is extremely rare. It is mentioned by Dr. Rieche that it occured only ten times in 220,000 labors at Wurtemburg, while Drs. Johnson and Sinclair report two cases in 13,748. In Vienna Hospital, under Dr. Sparth, there was but one instance in 12,523 cases. It is very fatal, as Denman mentions 30 cases, and but one survived.

All concur in the idea that no reliance should be placed in the possibility of its taking place, but always bring down the feet if possible.

[TO BE CONTINUED.]

THE RELATION OF RHEUMATISM OF THE UTERUS, TO CALCAREOUS DEGENERATION OF THE PLACENTA.

By W. H. Bryant, M. D.,

Of Savannah, Md.

During the Summer of 1864, I was requested to see Mrs. Bond, primipara, aged 22, on account of periodic and spasmodic pain in the uterus. She was then in her fourth month of gestation. I found her presenting the following symptoms: five days before which, at the dinner table, she felt uneasy sensations in the uterine region, which continued to annoy her more or less up to 8 o'clock that night, when they assumed a regular paroxysmal and spasmodic character. An old lady living in the house with her, administered some castor oil with other household remedies, which she says brought relief in the course of the night.

Three days after, however, the pains returned suddenly and were of the same paroxysmal character, but lasted longer, and were more severe, being accompanied with nausea and vomiting. I administered to her at once a full dose of morphia, and directed warm hop fomentations to the hypogastric region. In an hour's time she was relieved of the acuteness of her suffering. The after treatment consisted in a chloroform and aconite liniment rubbed over the seat of pain. For the next two or three months she had a return of the pain once a week, or at furthest after two weeks, on several occasions accompanied with nausea and vomiting. The pain always yielding readily enough to the opiates, fomentations, etc., etc. By the 10th of March she had completed her term of gestation, and labor had set in, which terminated in the birth of the child in about six hours, with not more than the usual amount of suffering. The placenta came away in about an hour, and presented such an unusual appearance that it caused me to examine it more minutely. I found in place of a circular, well developed organ, an oblong, irregular, nodulated mass. The fœtal surface being more irregular than its circumference; in some places it would not measure more than one-sixth, or one-fourth of an inch in thickness; while in other places it would measure at least two inches, the whole surface being very firm and unyielding. The maternal surface presented a granular, gritty feeling, as if it had been sprinkled with sand, or spiculæ of bone. The umbilical cord was in a healthy condition. The child was vigorous and in every respect healthy.

The mother's recovery was the same as though no rheumatism or diseased placenta had occurred. The next case I observed, presenting the same characters, occurred in the fall of 1867, in a healthy multipara, aged 27; she first observed the pains during her seventh month of gestation; they continued to annoy her until she completed her eighth month, and were of the same paroxysmal, spasmodic nature. There was nothing unusual in her travail, which terminated in the birth of the child in seven or eight hours from the first setting in of labor; the placenta, however, was over an hour in becoming detached, and presented the same irregularities. Its maternal surface was studded over with the same granular, gritty substance mentioned in the last case. The umbilical cord was healthy. Mother and neonatus as well as if nothing abnormal had occurred during pregnancy.

Last year, 1869, I noticed two more cases—both multiparæ, similar to the above; in both the placenta was detained beyond the usual length of time, and presented the same granular appearance on their maternal surface. In one of these cases the pain and vomiting were so severe that I at one time feared placentitis; but the pain not being localized, and a single hypodermic injection of morphia sulph., over the lumbar region, sufficing to allay all the distress for several days, I felt warranted in stating to the lady as well as to her husband the condition of the placenta, and when her accouchment took place, my opinion was verified. The placenta presented the same appearances as in the other cases heretofore stated.

MEDICAL NOTES IN VIRGINIA.

By Frederick Horner, Jr., M. D.

Typhoid Fever.

In the Southern States typhoid fever is prevalent; the impoverishment from want of suitable food, clothing and shelter among the poorer class imparts to this disease the features of the famine fever of London, not in itself destructive and rarely fatal. It corresponds rather with the "low fever of our medical nomenclature" than with any of the more violent forms of the malady. It is dangerous from its distressing consequences, and leaves the unhappy victim predisposed by weakness and exhaustion to the attack of more acute complaints—as neuralgia, jaundice and rheumatism. Dr. Robt. Nelson, of Charlottesville, Va., a talented physician, lost his life after an attack, by eating heartily of beefsteak. The most desperate state is probably connected with intestinal perforation. The critical period is invariably marked by an increase of temperature; 107° has proved a fatal sign when accompanied by a feeble pulse, a dry and red tongue and tympanites.

In the Massachusetts General Hospital the statistics from 1836 to 1838, show not a single death from this fever. There is no condition so low, no symptom so fatal that death should be considered as inevitable. The post-mortem reveals dark ash colored ulceration of the mucous membrane and of the glands near the cœcum of the intestines.

In the treatment, the most cautious watchfulness is requisite. Evacuants, diaphoretics and alteratives with cups, leeches and poultices are useful, and after the ninth day mercury, quinia and oil of turpentine will prove excellent remedies. Often the nervous suffering is intense, when anodynes may be employed.

Paralysis—Apoplexy.

During the past year paralysis the sequel of apoplexy in persons advanced in life, and sufferers by reverse of fortune has been very common. In every case of paralysis it is of vital importance to keep the patient quiet and secluded from company. The attack may be averted by proper precaution on the accession of the premonitory symptoms. The disorder is often so slight that it is easily overlooked. Mental peevishness, depression of the animal spirits, an inaptitude for mental work—difficulty to concentrate the attention, defect of the articulation of certain letters, words, and sentences are always characteristic symptoms of disease of the brain, and may end in a serious lesion of this organ.

The observations of modern pathologists prove that the fibrin of the blood in apoplexy is diminished and in general there is found to be an increase of the corpuscles. In one instance the quanity of fibrin on the second day of the attack was found to have fallen to 1.9, while that of the corpuscles had risen to 176.5. Thus it would appear that the want of due proportion between the fibrin and the corpuscles may have been the cause rather than the effect of the apoplectic seizure.

A variety of symptoms depend upon the point of the cerebral lesion. A total interruption of the conducting function of the cord above the origin of the phrenic nerve extinguishes life by stopping the function of respiration. One or all of the cerebral functions may be left impaired, the mind enfeebled the power of motion limited, the faculty of sensation extinguished; and the unhappy subject of the attack becomes more or less crippled in body and maimed in intellect. The sheet anchor of the physician in such cases of the acute forms of apoplexy, the precursor of paralysis, are the lancet, cups or blisters, purgatives, low diet, and absolute rest; and during convalescence the use of tonics, antispasmodics and bromide of potassium, which modifies reflex action by its effect on the grey matter of the brain and cord. There is usually extensive extravasation of blood in the substance of the brain depending upon the rupture of some one of the cerebral vessels. When large it will be

fatal in spite of us, and the best that the patient can expect is permanent palsy.

The classes of persons attacked, are those whose ancestors have had the same disease, who possess a particular conformation of body and who have reached a certain period of life. Intemperance often paves the way. Thus:

> "The gods are just, and of our pleasant vices
> Make instruments to scourge us."

Rheumatism.

Acute rheumatism has also a habitat in our midst.

Persons with light-blue eyes suffer from it more than the dark-eyed. The symptoms at first are confined to the small and large joints until toward the 13th day, when abnormal signs of the heart indicate a complication from endo- or pericarditis. The latter often supervene without any external manifestation of disease. In anemic patients the dullness on percussion over the apex of the heart, the murmur, the blowing and friction sounds are not heard. The violent pain and effusion in the pericardium are sometimes the causes of death.

After the acute symptoms of rheumatism are subdued, bromide of ammonium, gr. xv. or xx. every three hours, operates as a powerful diuretic, and changes also the quality of the circulating fluids and secretions. In the Pennsylvania Hospital Reports for 1869, Dr. Da Costa, in his interesting article on the Therapeutics of Acute Rheumatism, says: Over the pains and aches of this disease, the bromide of ammonium exerts an undoubted control. As to the mode of action of this remedy, we can only offer a conjecture. It may be partly by its sedative action on the nervous system and circulation, partly as an eliminative, particularly as a diuretic that it is efficient.

And if it be claimed for the bromides that they are anæsthetics to the nerves of the mucous membranes, and depressors of their action, may not their influence on serous membranes be the same. When this salt causes diarrhœa, the acetate of potassa, with tincture of digitalis, may be the substitutes.

The waters of the mineral springs of Virginia often prove salutary where medicines have failed.

——Dr. Aloysius C. Clemens, a distinguished physician of Frankfort on the Maine, and an ardent contributor to Goethe-literature, recently died in that city at the age of 77 years.

Hospital Reports.

Philadelphia Hospital.

January 26, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(Reported by Hermann W. Newcomb.)

Gonorrhœa in the Female.

Gentlemen:—The first few moments of the hours this morning I shall devote to a hasty, yet comprehensive, consideration of Gonorrhœa as met with in the female, a topic of much interest from every point of view, and one that I regret, lack of time will not permit me to enlarge upon as fully as the importance of the subject demands. You perhaps expect to be told, that gonorrhœa in women is of frequent occurrence, knowing as you do, that the disease is extremely common in man. But this is not so. Women give many more gonorrhœas than they get in return, and the reason of this must at once be evident to you. The vagina is constantly lubricated by a thick tenacious mucus that serves to a greater or less extent to protect its mucous membrane. On account of its anatomical conformation cleanliness is readily instituted; and being less sensitive than the urethra of the male, it is not so susceptible to morbid impressions. Another reason is, that those chronic discharges so prolific a cause of this disease, are far less frequent in man than in woman. The causes of female blenorrhagia are various, among which may be enumerated direct contagion, excessive venery, violence in the sexual act, the influence of cold, foreign bodies such as pessaries, onanism, etc., etc. But from whatever cause it may originate the symptoms characterizing its presence, and the course it pursues differs in no essential particular. It may have its seat in the vulva, in the vagina, in the urethra or uterus, and indeed may extend to the ovaries through the Fallopian tubes and even involve the peritoneum, although such cases I scarcely need remark, are extremely rare. The inflammation is seldom confined exclusively to the vulva, although its primary seat may be there, the morbid action having a lively tendency to extend its influence, and the urethra and vagina as a general thing soon become involved. The patient's attention is usually first attracted to the genital organs by an unusual desire for sexual intercourse, pruritus, and then heat, tumefaction, and redness. If the vulva be examined, there will be noted an exaggeration in the usual secretion of the labia, the nymphæ are extremely sensitive, somewhat swollen and intolerant

of manipulation. The tumefaction increases, as does the pain, heat, and redness; and the discharge, which was mucous and slightly increased in quantity, now becomes profuse muco-purulent and of a greenish-yellow color. The ducts of the vulvo-vaginal glands, and even their parenchyma, occasionally become implicated, and when this is the case, if they be sought for with the finger, they may be felt within the labia, and on the border of the posterior commissure, greatly increased in volume and excessively painful upon pressure. Their involvement is an extremely painful complication, rendering the patient unable to sit or walk without much inconvenience, and frequently resulting in suppuration and the formation of an abscess, that may either discharge near the natural ducts of the gland or on the integumental surface of the labium of the affected side. If the vulvitis be permitted to continue its course uninterrupted, there, in all probability, will be an extension of the inflammation to the urethra, which, although not unfrequently the seat of blenorrhagia, is rarely affected primarily, its implication being most generally a consequent upon vulvitis or vaginitis. If this should occur, the symptoms are titillation, pain, and heat in the part, and severe scalding upon micturition. If the cervix vesicæ be implicated, micturition will be still more frequent and painful, and the urine probably be slightly tinged with blood. On account of excessive sensitiveness, coitus is impossible and the slightest pressure give rise to severe pain. The inflammation runs much the same course as in man, and may either terminate in resolution or pass into a chronic stage.

Vaginitis, however, is by far the most common form of gonorrhœa in women. The inflammation is generally superficial, although it may occupy the follicles, the entire thickness of the mucous membrane and the sub-mucous cellular tissue. It may be confined to circumscribed spots, or engage the whole of the vaginal mucous surface; and when this is the case, the discharge is abundant, contains true pus, and the walls of the vagina are sometimes covered with florid granulations and eroded to a greater or less extent. M. Donné described an animalcule found in the pus of vaginitis which he designates *Tricomonas*, and upon the presence of which he supposed the disease to be dependent. But this is probably an incorrect view, for the *tricomonas* is not found in the discharge from the the male urethra, having its origin in this very vaginal pus. Gonorrhœal vaginitis not uncommonly extends to the uterus. The cervix alone may be involved, or as in some rare cases the body of the womb and the Fallopian tubes. I am ignorant of any distinguishing ordinary uterine catarrh from uterine blennorrhagia, but this is a matter of little importance, as they both are amenable to the same treatment.

Diagnosis.—By means of the speculum, little difficulty is encountered in making a diagnosis of blennorrhagia affecting any part of the female genital organs. We are indebted to M. Recamier for the re-introduction of this valuable instrument to the notice of the profession, but more especially are our thanks due to M. Ricord for its application to the investigation of venereal disease. In the acute stage of gonorrhœa, the genital organs are co-sensitive, that it is not proper to resort to the speculum until the parts are somewhat tolerant of interference. There are various forms of specula, most of which answer a very good purpose. For general use there is none better than the ordinary cylindrical glass speculum or the Cusco-bivalve. Dr. J. Stockton Hough, a former resident of this hospital, is the inventor of a most ingenious speculum that answers an admirable purpose. It is clearly described in the July number of the *American Journal of Medical Sciences*, and the peculiar merits claimed for it stated at length. A speculum previous to introduction should be well warmed and oiled. If you use the bivalve variety, stand on the right side of the patient, separate the labiæ with the thumb and forefinger of the left hand, and placing the closed speculum on a level with the plane of the vagina its long diameter corresponding to that of the vagina, introduce it into the canal. As it is passed along, you turn the speculum in order to make one of its valves correspond with the anterior wall of the vagina, the other with the posterior. If it is your wish to examine the condition of the uterus, the position of that organ should be accurately ascertained by means of the finger before the instrument is introduced. As the speculum approaches the cervix, you withdraw it somewhat, and then again advancing it, the cervix falls, as it were, into the grasp of the valves. When you employ the cylindrical speculum, it is warmed and oiled as in the previous instance, the lips of the vagina are separated in the same way, and the instrument is passed into the vagina by a slow, rotary movement. Any discharge covering the mucous membrane, or which may have gained entrance to the instrument, should be carefully mopped up in order that your view may not be obscured. The patient may either lie upon the side or upon the back with the limbs well drawn up. Thus you have in the speculum an invaluable aid, for you are not only enabled to obtain an accurate knowledge of the condition of the vagina and uterus, but also to apply your remedial agents directly to the seat of disease with a facility that could be secured by no other means. The instrument should not be introduced during the acute stage of the inflammation, as you would thereby cause much suffering and aggravate the morbid action.

Treatment.—The treatment of the different forms of female gonorrhœa in the acute stage varies but

little, and in the female as in the male, you disregard the specific nature of the disease and treat your patient upon general antiphlogistic principles. The patient is kept at rest in the recumbent posture and restricted in her diet. Modify the heart's action by those agents that exercise a control over it; unload the alimentary canal by some gentle cathartic as the salines; eschewing such agents as aloes that promote the flow of blood to the pelvic viscera, and apply cooling lotions to the genital organs. Observe the most scrupulous cleanliness, and if the sensitiveness of the organs do not preclude it, keep the inflamed labia apart, by means of a soft linen rag soaked in some emollient lotion. There will be few cases requiring the abstraction of blood, but if this becomes necessary it may be done by applying leeches to the perineum and groins. If the patient suffers severe pain making her restless and depriving her of rest, administer a full anodyne. When high inflammation begins to subside and assumes a subacute or chronic type, you may resort to injections. If you expect to derive any advantage from them you must see that they are properly administered, and you should give your patients full instructions as to the manner of making them. The ordinary glass or rubber syringe sold in shops for this purpose is utterly useless, and should never be employed, the Davidson syringe being the one best adapted to cases of this kind. The strength of the solution that you inject into the vagina should be greater than for the male urethra, although you may employ the same agents. In administering the injection, the woman should assume the recumbent posture, the pelvis being somewhat elevated, and she may either use the syringe herself or confide that office to an assistant, the latter perhaps being preferable. Previous to using the medicated lotion, the vagina should be thoroughly cleaned of all discharge by an injection of pure water, either cold or tepid as may be preferred and thrown up in the quantity of one to two pints or even more, in order that there may be no interference with the action of your astringents upon the mucous membrane. I do not know that preference can be claimed for any particular article, there being quite a number that answer a very good purpose. Some prefer simple cider vinegar, others alum, while nitrate of silver, sulphate of zinc, tannic acid, subacetate of lead, etc., etc., are advocated by various authorities. When a vaginitis has become chronic, Dr. Atlee of this city recommends a solution of iodine f.ʒj. iodide of potassium ʒij. and glycerine f.ʒi. to be well applied to the surface whence the discharge proceeds, and it is a most excellent combination well worth your remembrance. Whatever you may select as the ingredients of the injection, it is of paramount importance that the solution is of the proper strength, that the amount injected is sufficient and administered in an effectual manner. As a general rule, alum, sulphate of zinc, tannin, acetate of zinc, and subacetate of lead, may be used in the strength of from one to three drachms to the pint of water, though you will readily understand that the strength of the solution should in great measure be governed by the sensibility of the parts, the grade of inflammation, and the effect produced.

When gonorrhœa is confined to the vulva the treatment is the same. If abscess form in the glands of Bartholine, it is opened by an incision, and if discharge prove obstinate, resort may be had to the solid nitrate of silver. In urethritis you may render the urine less irritating by giving alkalines, etc., and if you think proper you can give copaiba and cubebs. Recollect, however, that urethritis is the only form of blenorrhagia in the female, in which copaiba and cubebs are of the least benefit, and even in this form of the disease, the advantage accruing from their administration is, I think, questionable. The treatment of uterine gonorrhœa is conducted on the same principles that govern you in the treatment of the affection when occurring in the vulva or vagina; and in this form, as in the others, you not only resort to local medication; but also by attention to the hygienic relations of your patient and the improvement of her general condition, endeavor to dissipate the disease. Involvement of the Fallopian tubes and of the ovaries is of such rare occurrence that it need not engage my attention here, for probably none of you will ever have occasion to observe it. With this hurried survey of female blenorrhagia I conclude the subject, and next invite your attention to the patient on the table, whose history is briefly as follows:

Perineal Section.

In 1859 this man had clap for the first time, and in 1861 he had a second attack. In 1867 symptoms of stricture were first manifested, and the obstruction in the canal soon became sufficient to induce him to seek relief. In the attempts made to introduce instruments into the bladder, a false passage was made and infiltration of urine resulted, which was followed by the establishment of a fistula. Subsequently internal urethrotomy was performed, this having the effect of giving entire relief until several months since, when the patient again contracted gonorrhœa, which becoming chronic, he sought admission to this hospital. Upon examination a firm, dense stricture was detected, occupying the membraneous portion of the canal and permitting of the passage of none but a very small catheter.

I have examined this man most thoroughly, and there are several elements in his case inducing me to regard any attempt to secure him relief by dilatation, rupture, or internal urethrotomy as futile. I have not time to enter into a detailed statement of the facts inducing me to take this view, and I conceive it only necessary for me to say, that I consider

the operation best adapted to his condition is the division of the stricture through the perineum.

There are two modes of performing this operation, one being designated as "Syme's operation," and the other "external urethrotomy," or the "boutonnière operation." The only difference is that in Syme's operation you cut upon a staff, and in the boutonnière you have no such guide. In the case before you, as I find I can pass the seat of stricture with Mr. Syme's small grooved staff, I shall use it as a guide, and perform his operation; were this not possible, I should resort to the boutonnière. The patient, when fully under the influence of chloroform, is placed upon the edge of the table, and made to assume that position customarily employed in lithotomy. The guide having been introduced into the bladder, is confided to a trustworthy assistant, who also holds the scrotum out of the way. The operator, seated in a chair, or resting upon one knee, as may be most convenient to him, makes an incision in the median line from an inch and a-half to two inches in length, and then, by successive strokes with his knife, divides all the outlaying structures down to the urethra, the staff being taken as a guide to the incisions. The seat of stricture having been ascertained, it is divided throughout its extent, and a full sized catheter being then introduced into the bladder, the operation is finished.

These are the main steps of Syme's perineal division, while in the boutonnière, instead of the staff as a land-mark, you are guided by your forefinger in the rectum, and a catheter introduced as far as the stricture.

(The patient being fully under the influence of chloroform, was placed in the position already described, and the lecturer without further remark proceeded at once to the operation. A few rapid strokes enabled the operator to get the point of his knife into the groove of the staff and divide the strictured portion of the urethra. The knife was carried somewhat anterior to the immediate seat of the stricture, which was found to be extensive and exceedingly dense and callous, and also well back toward the prostate gland, in order to ensure a thorough division of the diseased structures. A silver catheter about nine inches in length, curved at both ends, and with a couple of rings immediately behind the anterior extremity for the purpose of securing the instrument in position, was passed into the bladder, and there confined by encircling the waste with a tape, to which were attached other tapes, previously tied to the rings of the catheter above described. With this step the operation was concluded. Morphia to allay pain and induce sleep, and quinia to prevent chill, were ordered.—H. W. N.)

——Carl Vogt has founded an Austrian Anthropological Society at Vienna.

CLINIC OF THE UNIVERSITY OF PENNSYLVANIA, NINTH STREET, ABOVE CHESTNUT.

SERVICE OF PROF. HENRY H. SMITH, M. D.

(Reported by W. H. Githens, M. D., Assistant in Clinic.)

Sanguineous Cyst or Hematoma, of Paget, of the Femoral Region.

Stephen S. Craig, æt. 23 years, a farmer, was admitted into the Hospital of the University, October 20th, on account of a tumor occupying Scarpa's triangle of the left limb.

The patient was famous as a jumper, and states that at a match, twenty months ago, he made a running jump of *twenty-seven feet!* He soon after noticed a small tumor, which gradually increased in size. It has given no pain or uneasiness except after severe exertion. It now measures four inches in each direction, and rises as a rounded mass from the centre of Scarpa's triangle; the skin is entirely free from all connection with the mass, and the tumor is slightly movable, and seems to have little or no attachment to the muscles beneath; a slight pulsation appears to be due simply to the action of the large vessels beneath the tumor. In consistence the tumor is solid or nearly so, without any sense of fluctuation.

October 23d.—The tumor was diagnosed to be a sacculated venous enlargement, containing semi-solid, probably coagulated blood from the ruptured vein. In the temporary absence of Prof. Smith, Dr. D. Hayes Agnew made a longitudinal incision of about six inches, only through the skin, over the middle line of the tumor, which was then carefully dissected out with the handle of the scalpel, and occasional incisions, until simply a pedicle, half an inch in length and about four lines in diameter remained; this was ligated and divided. No vessels of a size sufficient to require ligation were divided; the dissection exposed fibres of the sartorius muscle. The wound was closed by interrupted metallic sutures and strips of adhesive plaster, and healed partially by first intention and partially by granulations. The patient was discharged cured on the eighth day.

Pathology.

After removal, the tumor was found to be a *sanguineous cyst*, or *hematoma*, as described by Paget, quite spherical in form, about four inches in diameter; it had been imbedded in loose connective and fatty tissue, and was free from all adhesions, except at the most inferior point, where there was found the pedicle previously mentioned. A section showed the tumor to consist of a thin, strong sac containing coagulated blood; portions of the coagulæ were firm, and a portion consisted of a reddish serum containing blood corpuscles entire, crenated, and broken, and granular matter. Extending nearly around the internal face of the sac was a vein which entered through the pedicle, and

remained patulous for two or three inches, adherent at most points. At one point it seemed to have been ruptured, and was soon lost in the wall of the sac; there was another smaller vein of a similar description, both ends of which were lost.

The origin of the tumor seemed to be due to the rupture of a small vein, which had either formed it by the distension of its coats, or the infused blood had been included under fascia and connective tissue until partially absorbed, when the thickened and inflamed structure constituted the sac.

Medical Societies.

Lycoming County Medical Society, Penn'a.

A regular meeting of the Lycoming County Medical Society was held February 7th, at Williamsport.

In the absence of the President, Dr. Thomas Lyon was elected to preside, and the Secretary also being absent, Dr. W. M. Howell was elected Secretary *pro tem.*

The Society then discussed the subject of sending delegates to the American Medical Association, which meets in Washington City, May 1st.

Dr. Samuel Pollock read an able paper on the subject of "Paralysis," the object of which was to show the influence of modern discoveries in physiology respecting the nature and treatment of that disease. This, the Dr. announced, was the first of a series of papers of this kind, which he proposed submitting to the Society.

Dr. Thomas H. Helsby read a carefully prepared paper on "Relapsing Fever," which, according to the statements of New York physicians, prevailed largely in that city.

On motion of Dr. Pollock, the Vice President of the Society was appointed to assist the Secretary in making out the annual report to the State Society, and each member of the Society was requested to hand in his report on or before the adjourned meeting.

The Society then adjourned to meet on the 5th of April.

Editorial Department.

Periscope.

The Peruvian Coca.

The *Scientific Journal*, of this city, ranks among the ablest periodicals devoted to manufactures, inventions, mechanics, the arts, etc., in this country. It also contains much that is of interest to the general and professional reader. In one of its late numbers it has an article by Dr. S. Davieson, of this city, on erythroxylon coca of Peru and Bolivia. This herb, he tells us grows to the height of about six feet, has bright green oblong leaves, and white blossoms, which are succeeded by small scarlet berries. It is cultivated with the greatest possible care, in the following manner: When the seed ripens it is placed for twenty-four hours in a dry room, after which it is just covered with water for ten days; it is then sown in a moist soil and covered with leaves. As soon as the seed begins to sprout these leaves are removed, and a sort of light roof is erected in order to keep shade, still sufficiently high not to impede free ventilation. When the young plants are about two feet high they are transplanted at intervals of three feet, and maize or some other umbrageous plant sown between them, to protect the coca from the scorching rays of the sun. When the leaves are ripe, which is generally in about twelve months, they are carefully gathered, spread out on coarse woolen cloths, and dried in the sun; moisture is injurious, as it would darken the leaf and cause it to sell at a much lower price. When thoroughly dry they are packed in sacks in quantities of from 25 pounds to 100 pounds (according to district,) and are then ready for sale.

Coca is the principal stimulant of the Indians of Peru and Bolivia; the leaves are masticated with pulverized, unslaked lime. A coca-chewer carries with him a leather pouch called the *chuspa*, and a small flask gourd called the *ishcupuru*. The pouch contains a supply of the leaves, and the gourd is filled with the lime aforesaid. Thus prepared, the mastication is performed in the following manner A portion of the coca leaves is carefully divested of their stalks, and chewed until they form a ball, which is termed the *acculico*, through which the slip of wood attached to the lid of the gourd is drawn, with the lime adhering thereto, whilst lying in the mouth. The proper relish being thus obtained is followed by an abundant flow of saliva, most of which is swallowed; and as the ball ceases to emit juice, a few more leaves are added, and treated in the same manner. Each mastication continues from two to three hours and by inveterate chewers is repeated from four to six times a day; indeed some of the miners are scarcely ever without a ball of coca in the the mouth, and if denied them, would at once cease work. In some districts, where lime is scarce, the ashes of the

Quinua made into a preparation called *Llipta* is substituted. This is, in reality, an impure caustic potash, and is free from the danger of cauterizing the mouth and lips—an accident which frequently happens to the uninitiated when using the lime.

The flavor of coca is by no means unpleasant, being slightly bitter and aromatic. The lime imparts it to a piquancy highly agreeable after some little experience. The quantity consumed by a regular coca-chewer varies from two to three ounces per day.

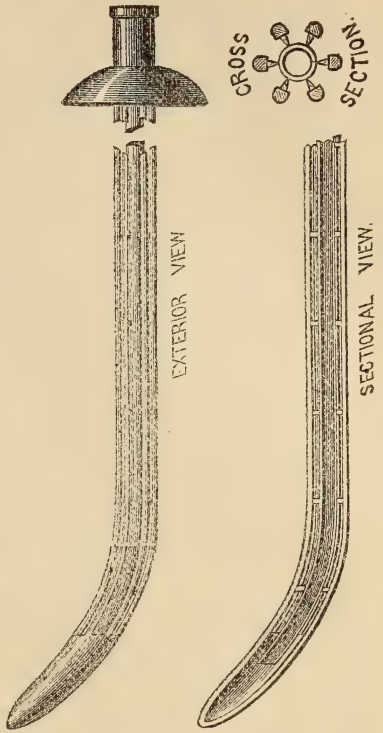
Excepting, perhaps, tea and coffee, the effects of coca are different from all other stimulants. Opium in small doses, and other drugs of like nature, stimulate the brain and excite the nerves—in larger doses cause sleep. The effects of alcoholic stimulants are too well known to require description. But how different are those produced by the coca! This, in any quantity never induces either sleep or inebriety; on the contrary it imparts to the whole frame a warm glow, and stimulates the brain to increased activity. Dr. Davieson has tried it in asthma with success.

Through the kindness of Surgeon Hoehling U. S. M. we were furnished some of the dry leaves, about a year since, but they seem to have lost their virtue, as we chewed them vigorously but experienced no cerebral effect.

A New Instrument for Chronic Urethritis.

G. R. Patton, M. D., Cincinnati, read the following article before the Cincinnati Medical Society, (*Lancet and Observer.*)

Chronic urethral discharge is proverbially annoying and unsatisfactory to treat. No more convincing evidence need be adduced than the diversity of its treatment. Local measures are, in the great majority of cases, the best, combined, if requisite, with the ordinary systemic tonics. If the disease is caused or maintained by renal or vesical irritation, the gouty, rheumatic, or scrofulous diathesis, these states will at the same time require attention. I do not regard the so-called specifics peculiarly curative of this condition as in gonorrhœa proper; and, indeed, the general depression which now usually possesses our patient, due to the mental disquietude of long suffering and the digestive disorder attendant upon the already long continued disgusting remedies, renders their withdrawal desirable. That copaiba and cubebs are hurtful rather than curative in some urethral states may not be questioned. The principal local methods are the bougie and injections. The rationale of cure being about the same with both, viz: distention, stimulation and a more or less thorough application of the various agents employed therewith. These ends, one would suppose, might be better attained by injections alone, but the difficulty seems always to have been a want of due thoroughness, precision, or certainty in their application. By this instrument which I have devised, this *desideratum* may, I think, be accomplished.



Description.—The cut should have represented the fenestræ as extending 3-16 of an inch higher up on the inferior aspect of the instrument. The length is $8\frac{1}{2}$ inches, size that of a No. 8 catheter; the sub-pubic curve, an arc of a circle, $1\frac{5}{8}$ inches long; the circle $3\frac{1}{4}$ inches in diameter. The circumference of the shield is notched at a point parallel with the extremity, as a guide in its introduction. At intervals of half an inch, as shown in the double size cross-section, delicate silver points extend from the silver rods to the central canula, keeping in position and giving firmness to the outer portion, and maintaining the inside tube in position. The instrument is composed of two canulæ, the outer one fenestrated to within $\frac{1}{2}$ an inch of its curved extremity; this is hollow and closed except in the direction of entrance of the smaller tube. The inner tube is drawn exceedingly thin, permitting as much water to pass through it as a No. 4 catheter, and passes through the axis of the larger tube, and 1-16 of an inch within its capped extremity. There are no attachments between the tubes at the point where the smaller enters the capped extremity of the larger one, nor within it, so that any fluid entering the conical space, through the inner tube, becomes recurrent through the un-

obstructed space intervening between the outer and inner tube, and thus reaching the fenestræ and urethra, finally emerges at the meatus.

The position of the patient during its introduction and use may be either upon his feet, the body being well bent forward upon the thighs, or reclining upon his side on the edge of a lounge in a flexed position. It should, as a rule, be introduced so as to engage the membraneous portion of the urethra; though it will not be a difficult matter for the intelligent surgeon to locate the seat or origin of the discharge and proceed at once to the right point.

Treatment of the prostatic part of the urethra in gleet proper will seldom be required. Discharge here is, in nearly all instances, from chronic inflammation or relaxation of the prostate, oftener the result of other causes than gonorrhœa; its ducts secreting a small quantity of muco-pus, keeping up a constant thin discharge into the urethra, exceedingly difficult to cure often times by any plan of treatment, nearly all the recent authorities recommending here general, in preference to local, measures, though, in any case in which local applications may be considered advantageous, this simple device—its curve being a little lengthened—will afford the readiest way of applying them.

Some of its merits are: the facility with which a large quantity of water may be passed through any or every part of the urethra, *flushing* it out with a full and rapid stream, thereby thoroughly distending and cleansing it *from the deeper seated parts in the direction of the meatus*, thus avoiding the risk apprehended by some from the ordinary syringe, of stricture, swelled testicle, and of carrying or forcing inoculable matter down into the deeper portions of the canal. That the last is possible in ordinary gonorrhœa by the common method, may be made apparent to any one by inspecting clear water, after having been washed through the urethra by this canula, even immediately after the patient has urinated. I advert to this, as Prof. Bumstead, while ardently advocating injections in acute and chronic blenorrhagia, states: "It is asserted that the injected fluid carries before it the muco-pus within the urethra, and thus extends the disease to the deeper portions of the canal. Supposing this possible, in any case it cannot take place if the patient pass his water before injecting."

It may be objected to this instrument that its mere introduction may carry the secretion of gleet to healthy parts; but the secretion here is so seldom —probably never—noxious, that the risk may be considered inappreciable, and even in the acute disease, where local applications may be demanded, the benefit would far outweigh the slight risk of further contamination. Again, if the disease be maintained by stricture, this catheter will accomplish a double purpose. It can be used with any of the soft-rubber valve syringes (Shepard's or Davidson's patent I prefer,) as they afford the delivery of a large, forcible, and continuous stream of water, the end of the rubber tubing being slipped directly over the inlet of the instrument. It can be introduced with the same ease and with as little irritation as any catheter. Its withdrawal may, however, be attended with slight pinching of the mucous membrane if there is much thickening of the sub-mucous connective tissue, or contraction of the canal, but this can be completely overcome by keeping the syringe in vigorous action while withdrawing it, partly by the lubricant action of the water, and in part by its distension of the urethral walls. While using the instrument thoroughness will be subserved by gently turning, or rather rolling it between the fingers, a very little upon its axis, from side to side. Before employing a medicated solution of any kind the passage should be well washed out from the desired depth by passing through it at least a pint of warm water, either plain or containing a little soap. Soaping the water is often advantageous by gently stimulating the canal and dissolving away, more thoroughly, the secretions. After this about half a pint of the chosen solution should be injected with the whole power of the syringe, so that it may fully and completely distend the urethra and be applied to it at the same time. I have found that the thorough cleansing of the canal by the tepid water renders it unnecessary to use solutions of more than one-half the strength usually employed. I rarely have used above one grain of any agent to the ounce of water.

The mere inspection of this simple contrivance will, I presume, suggest its utility in a wide range of urethral cases. A short, straight instrument, No. 12 catheter scale (not figured in the cut), fills the urethra well, and is serviceable in the abortive method and in diseased conditions of the spongy urethra anterior to the bulb. The curved one, however, will answer in all cases. I have as yet only used this instrument in chronic urethritis, and with very satisfactory results.

These instruments may be obtained of Max Wocher, dealer in surgical instruments, Cincinnati, Ohio.

Temporary Tracheotomy.

In number 47 of the *Ærtzliche Intelligenz-blatt* for 1869, Professor Nussbaum, of Munich remarks, that there are three sources of danger in operations involving the cavity of the mouth, such as the extirpation of the superior maxilla, or of tumors springing from the base of the cranium; namely, 1. suffocation from blood flowing into the larynx; 2. Pneumonia from small coagula of blood in the lungs; or 3. Injury to the throat, and subsequent deep-seated abscesses in the cervical fascia, from the

assiduous mopping-up of the blood during the operation. To obviate these dangers, he proposes a preliminary tracheotomy, and narrates a case in which he removed a large tumor (sarcoma) of the upper jaw, which had pushed the eye upwards, and extended deeply backward and downward into the throat. The patient was a country girl aged 20, much weakened by repeated hæmorrhages. He first opened the trachea, and introduced a silver canula, continued the inhalation of chloroform through this, closed the glottis and pharynx with four thicknesses of oiled linen, proceeded to remove the whole upper jaw and tumor, and then applied the actual cautery. Having washed out the mouth and plugged the cavity left by the operation, he took away the oiled lint and the trachea-tube, and closed both wounds. The patient breathed freely through the normal channel, and the whole operation seems to have been a complete success. Not a drop of blood entered the throat; and the operator was free from all fear of his patient's dying from suffocation.

Reviews and Book Notices.

NOTES ON BOOKS.

We referred not long since to Dr. ROBERTSON'S Review of the Report concerning the last illness of Dr. ALDEN MARCH. Now, Dr. JAMES MCNAUGHTON, Professor of Theory and Practice in the Albany Medical College, comes out in a reply to Dr. ROBERTSON, and we are bound to say, puts quite a different face on the matter. The authority of Prof. S. D. GROSS, of this city is brought to bear against Dr. ROBERTSON'S hasty deductions, with very destructive effect. Indeed, any one reading Dr. ROBERTSON'S Review must see that it is largely inspired by some spirit very much stronger and more pungent than the love of pathology is wont to be.

Dr. WATTERS is determined that his claim to be the discoverer of the doctrine of life advanced by CARPENTER in his physiology, shall not be ignored. A small pamphlet from the St. Louis *Medical and Surgical Journal* on that historic point is before us. Certainly Dr. W. has just cause to complain of the tone of the *Lancet* in reference to his claims.

The Annual Report of the Pennsylvania State Lunatic Hospital for 1869, has reached us. The largest number of patients at any one time during the year was 416. The hospital has been overcrowded, and there was a constant pressure for admissions. We hope the legislature will provide more ample accommodations. Dr. JOHN CURWEN is Superintendent.

The Report of Dr. KIRKBRIDE, Superintendent and Chief Physician of the Pennsylvania Hospital for the Insane, for 1869, has just been issued. The report states that 220 patients were admitted during 1869, and 243 were discharged or died, leaving 133 under care at the close of the year.

Dr. Kirkbride in closing the report, says: "The hospital has now a capacity for usefulness much beyond the means at its command, and there never was a time when increased resources could be more advantageously used."

BOOK NOTICES.

The Cell Doctrine; its History and present state. For the use of students in medicine and dentistry. Also, a copious bibliography of the subject. By JAMES TYSON, M. D., Lecturer on Microscopy in the University of Pennsylvania, etc. With a colored plate and other Illustrations. Philadelphia, Lindsay and Blakiston, 1870. 1 vol., 12mo., pp. 150. Price. $2 00.

The subject of which this volume treats lies at the basis of all studies in physiology, and the decision of the questions it moots, must influence our opinions of the relations of the whole organic to the inorganic world. Dr. Tyson has approached these questions with a full sense of their wide range, and sweeping corollaries. He reviews carefully, and in the main, very fairly, the verdicts of previous writers, and states tersely and clearly his own views. These are akin to those of the well known microscopist Lionel Beale; that is, they are conservative. Dr. Tyson argues for the "vital force", for the radical difference of organic and inorganic life, and for the ancient doctrine that the cell, originating only in a pre-existing cell, is the ultimate element of organic life. But his "cell" is materially different from that of the old histologists, and not to be reconciled with the definition of the lexicographers. It is not necessarily a sac, indeed it is rarely vesicular, it need have no nucleolus, and in fact it is merely a minute fragment, perhaps the 1–100,000 of an inch in diameter, of a structureless or granular matter endowed with the faculties of motion and assimilation. Such is the radical of organic forms; such is *life* reduced to its lowest term.

With what propriety this can any longer be called "the cell doctrine", it is not easy to see. The author contends that the power of *assimilation* is the grand distinction of organic life, and on this bases his claim for a "vital force". But it were not difficult to show strong likelihood from chemistry, especially mineralogical chemistry, that this power of assimilation, feeble and faint it is true, is nevertheless present in the inorganic world.

The bibliography is very full, though the proof reading of the German titles has been carelessly done.

——150,000 francs have been given the Paris Faculty of Medicine to found a Chair of History of Medicine; Dr. DARENBERG will, we hope, be appointed.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 26, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

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6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

THE LACK OF NAVY MEDICAL OFFICERS.

The chief of the Bureau of Medicine and Surgery of the U. S. Navy, Dr. U. M. WOOD, has quite recently made a report to the Secretary of the Navy on the difficulty of officering the medical corps of that branch of the service, its causes and remedy.

It is quite time something of the kind were done.

No young men who are competent to pass the modern examinations of the naval board are seeking admission to the navy, and those who were successful in entering are rapidly escaping from it.

There have been fifty-three resignations among the medical officers for the last four years from a corps of two-hundred; but one of them discreditably to the officer, and only one of them has been filled, and it is impossible now properly to officer the ships and hospitals.

Dr. WOOD very justly attributes this to the fact that the usages of the naval service and the want of proper legislation place medical men in the navy below the average respectability of the profession in civil life. Individual respectability being the same in both cases, the position of respectability which is obtained in civil life from popular approbation, can only be secured in military life by legislative enactment, and is known under the term of Medical Staff rank, when applied to medical men.

This rank, and the emoluments which go with it, are not offered to the medical staff. They are placed in positions subordinate to young and inexperienced fledgelings of the Naval School, and subjected to interferences and actual indignities, which, sooner or later, must drive the best of them from the service altogether.

Dr. WOOD says: "The substantial question is, what measure will give to the naval service Medical Officers of such skill, capacity, and character as are required for the performance of their professional, nautical, military, and administrative duties? As the field placed under the observation of naval Medical Officers is very extensive, it would seem to be a judicious political economy to secure men of such ability as could utilize it for the benefit of science and humanity.

"Whatever is done, it is clear should be done in so earnest and significant a manner as to

have a substantial meaning. Better no rank whatever be given than a rank in words, to be nullified in practice, or made to have only an exceptional use. Such a hybrid combination is barren of all fruitfulness. Why, for instance, should it be said that any class of officers should have such a rank, but not its indications and honors, unless the occupation of the officer works stain and corruption to the honor he has earned? Better say frankly, the service rendered merits the honor, but the occupation is beneath it. Why should the rank of a medical officer in our naval service be made to yield to that of a junior line officer, unless that line officer be in the position of command?

"Such restrictions effectually nullify the meaning of all rank, and are not necessary to subordination. They multiply causes of confusion, set up rival authorities, of varying and undefined jurisdiction, embarrass the performance of duty, and suggest contempt for the rank they vitiate. It would be an offence to the good sense and ability of any commanding officer to suppose that, with all the authority and physical power entrusted to him, he could not preserve subordination of the staff officers of his command."

We earnestly hope that this Report will not find its way to some unfathomable pigeon-hole and rest in diplomatic dust; but will lead to prompt and efficient action by Congress.

The notorious and unworthy neglect of proper medical qualifications by the public should not be shared by statesmen; nor should they imperil the efficiency of our naval service by regulations which will allow only practitioners devoid of ability, self-respect and energy to accept position in its employ.

PHOTOGRAPHIC ENGRAVING.

The third edition of the *Traité de l'electrisation localisee* of Dr. Duchenne (de Boulogne) is now passing through the press in Paris. It is richly illustrated with photographic engravings called heliographs. The method employed is to receive the photographic impression on a glass plate covered with a layer of gelatine holding bi-chromate of potash. This plate is then placed in a bath of distilled water, in which the bi-chromate dissolves away in inverse proportion to the intensity of the light to which it has been submitted; in other words, the light parts of the image remain and the dark portions are dissolved away. The layer of gelatine is then removed from the glass, placed on a plate of type metal, and subjected to powerful pressure under a hydraulic press. The metal receives the image, the dark parts in relief, like an ordinary wood cut. From these plates the pictures are printed on an ordinary lithographic press, with an ink composed of gelatine and soot.

This process, when perfected, will cause quite a revolution in the method of illustrating works of science and literature.

We have examined specimen pictures printed in this method, from Duchenne's book; they are good, but not equal to good engraving. The process, however, is yet in its infancy.

Notes and Comments.

Correction.

By a curious typographical error, the words *per anum* were inserted in a sentence in Dr. Hillis' article, on page 87, (Jan. 29th) of the current volume, when the author wrote *per oram.*

Napheys' Therapeutics and the Half-Yearly Compendium.

By the time this reaches subscribers, both NAPHEYS' *Compendium of Modern Therapeutics* and the HALF-YEARLY COMPENDIUM will have been mailed. The delay in issuing both works was beyond our control; but we feel assured that those who receive them will feel well repaid for the short, but vexatious, draft on their patience. Dr. NAPHEYS has taken advantage of the unavoidable delay to add to the size and value of his book. The fact that more than half the edition was sold before the work was ready, is evidence that it was needed.

Un-United Fracture of the Femur Cured by "Pressure and Motion."

Many of our readers are doubtless familiar with the principle of "*Pressure and Motion,*" suggested in *American Journal Medical Sciences,* 1855, and also in his "Principles and Practice of Surgery," by Professor HENRY H. SMITH, M. D., for the treatment of un-united fracture. In the case of the femur, all plans of treatment have been especially hazardous and unsuccessful, until the publication by Prof. SMITH of his treatment by an apparatus that enabled the patient to walk as soon as it was applied to his limb—almost invariably effecting a cure in a few weeks, without causing suffering, or confining the patient to bed or the house.

In a recent case presented by Dr. HUNT to the

class of the Pennsylvania Hospital, this was fully shown, and Dr. JAMES COLLINS, of this city has kindly shown us a letter from Dr. J. A. PAXON lately of Bucks county, Pennsylvania, on the same subject, which we deem of sufficient general interest to publish.

Dr. PAXSON went out as surgeon to the Indian Agency, under the auspices of the Society of Friends last summer, and writes from Nebraska under date 1st month, 27th :—

"A band of roving Indians from the northwest came on a visit to the Winnebago Indians now located in Nebraska. Among the number was a man aged 27 years who was suffering from an *un-united fracture* of the *femur*, of seven months standing. Not having Professor HENRY H. SMITH'S apparatus to apply, I did the next best thing I could, which was to improvise one, which I did, aided by the Indian's jack-knife—from *cottonwood bark, bones and raw-hide*. I also gave him "compound syrup of the phosphates," kindly donated by Professor E. PARRISH, of Philadelphia, for use among the Winnebago Indians. The patient rapidly recovered his health and strength, and at the end of *twelve weeks* returned to his band a happy man with but slight shortening and a useful limb."

Specialism.

Dr. GAILLARD of the *Richmond and Louisville Medical Journal*, says :

There seems to have been some difference of opinion as to the advertising of specialists in Europe. The editor has had placed in his hands copies of the prescription papers of Mr. Critchett, of London; Liebriech, of Berlin; Fauvel, Wecker, and Desmarres, of Paris. It is well known that these are distinguished ophthalmic specialists. A copy of the prescription paper of Dr. Morell Mackenzie has also been furnished. *All of these prescription papers bear conspicuously the name, residence, and specialty of those who give them; and these papers are disseminated "broadcast" over the cities in which these gentlemen respectively practice.* Could the advertising of specialists be more complete, efficient, and unquestionable?

Regulation of Prostitution.

A very thorough article on this subject appears in the January number of the *Westminister Review*. It takes strong ground in favor of the legalization of prostitution and a close medical surveillance of public women as the only means to check the extension of immorality and disease. It criticises with just severity those narrow-minded pietists who regard syphilis and gonorrhœa as gifts of God, penalties affixed to promiscuous intercourse, and as just retributions—sins rather than sicknesses. The barbarous policy even yet prevalent in England and this country, of excluding such cases from general hospitals, is justly decried. The rapid extension of both venereal disease and private profligacy when the method of forcible repression is carried out is clearly shown on the one hand, while on the other the equally rapid diminution of venereal when prostitutes are registered and examined is satisfactorily proven.

These experiments, we may add, were tried with precisely similar results during the late war, in the Southwest. They all point to the rigid surveillance, not repression, of houses of prostitution, as the surest means to check specific disease, and to preserve private morality in the present condition of man and his passions.

Public Instruction in Hygiene.

The excellent essay of Prof. VIRCHOW on the hygiene of schools, of which we recently gave the results, has been translated into French by Dr. DECAISNE. It is quite time that more attention was paid to this branch of instruction in this country. Hygiene should be taught in all higher grades of public and private schools. We learn from the *Wiener Medicinischer Wochenschrift* that it is to be introduced as one of the regular studies in the high schools of Vienna. Prof. FONSSAGRIVES in the *Gazette Hebdomadaire* (3 dec.,) says : "Hygiene must be taught in all the schools. *Delenda est ignorantia.* Our dignity will not be compromised, and our security will be increased by such instruction. The ancient maxim *nosce te ipsum* referred to the body as well as the mind. In twenty years people will not be able to comprehend our neglect of this important study !"

Unseasonable Weather.

In one of his Health Reports Dr. EDWIN M. SNOW of Providence makes some sensible remarks, as he is wont to do, on a popular error in regard to health. He is speaking of the uncommonly high temperature which has so generally prevailed this winter :

"I think that the most careful investigation fails to show that mild weather in winter produces any increase of mortality in this climate; and it is my opinion that the popular idea upon the subject is entirely erroneous. Extreme cold, as well as extreme heat, when continued, if only for a few days, produces marked effects upon the public health; but reason, as well as the facts, furnishes no evidence to show, that the same weather in winter which is considered healthy in Italy and in the southern States, is any less so in New England. While invalids and others go to great distances, to enjoy winter weather precisely similar to that we have experienced during the present winter, I see no reason why we should not enjoy it, and rejoice in it,

when brought to our doors. The fact that it is different from what we usually have, is certainly no good reason for fretting ourselves lest it should cause sickness, and the tables of mortality furnish no better reason."

A Good Suggestion.

A correspondent makes the following excellent suggestion, which we trust will be borne in mind by subscribers:

I have observed that the cause of death seldom accompanies the death notices in the REPORTER. As these notices are intended principally for professional eyes, the cause of death is a subject of interest and should be given. It may frequently, as in the present instance, furnish an item in medical statistics: the instance showing a case of death from cancer uteri within (probably at the most) a year and a half from its inception.

Delirium Tremens in the Black Race.

Dr. PHILIP T. HEARTT, of Waterford, New York, writes:

"I held an inquest on a colored person last winter who committed suicide by drowning while laboring under delirium tremens. Some of your correspondents I believe deny that this disease ever takes place among that class of people,—perhaps not at the South but it does at the North as the above case proves. Whiskey is bad here."

Dr. Paul Schoeppe.

This now well-known case was before the Supreme Court, in this city, on an appeal for a new trial. After the argument had been heard at length, a decision was announced on the 14th, affirming the judgment of the court below. It must be remembered that the Supreme Bench has no power whatever to decide on questions of evidence, but only on errors in the judge's charge, etc. Consequently the culpable rashness, or the gross ignorance, or else the discreditable partiality of the medical witnesses in that case could not be made to appear. We sincerely hope this trial will have one good effect—that of opening the eyes of the public to the benefit of a corps of experts in toxicology and forensic medicine, to whom all similar questions as that on which this case turns, will in future be relegated.

Pleasant Item for Smokers.

A correspondent in New York writes us of a young man who has been for three years the victim of constitutional syphilis of aggravated character; "his lips and tongue are covered with mucous patches, a most offensive odor emanates from his whole body, especially from his breath, and a caries seems about attacking the bones of the nose, etc.

"He is a cigar-maker by trade, and he has daily been making cigars since he was first attacked. No cigar is made without moistening the leaf with saliva, as every one knows who has ever seen a cigar made. Is it not more than probable that many who have smoked cigars of his make, and others similarly situated, have imbibed syphilitic poison, and then wondered how they got the disease?"

CORRESPONDENCE.

DOMESTIC.

Dr. Rezin Thompson's "Medical Adviser."

EDS. MEDICAL AND SURG. REPORTER:—In the REPORTER of the 5th inst., in noticing a forthcoming publication, entitled the "Medical Adviser," you speak of the author, Dr. Rezin Thompson, of Tennessee, as an irregular physician, and his work, as a consequence, a quack one. You also express surprise that letters commendatory of the work accompanied it by Prof. W. K. Bowling of the *Nashville Journal of Medicine*, and myself.

Now all that I know about Dr. Thompson and his book, is, *that he is a member of the American Medical Association*, as you would have easily ascertained if you had examined the list of members of that body; and not of the "National Medical Association," which you term a body of advertising empirics, but of which I never heard. I examined the list of members of the American Medical Association, as published in the last "Proceedings" of that body, and found Dr. Rezin Thompson's name duly recorded as a prominent member. The publisher explained to me that "National" had been inadvertently written by himself, in making out a title page, for "American." Having satisfied myself of Dr. Thompson's good standing in the profession, from his belonging to the national organization, of which a fellow townsman of mine, in undoubtedly good standing, is the presiding officer, I felt still more favorably towards him on account of the testimonial of Prof. Bowling of the same state, who, as I got the impression, knew him personally. I also understood, at the time, that he had been a lecturer in the Nashville College.

From an examination of a few of the advanced sheets of the work, I inferred that it was of the same character and value as "Our Home Physician," by Dr. Geo. W. Beard, of New York, and highly recommended by Profs. Dickson and Meigs, of Jefferson Medical College, and John A. Murphy, of the Miami Medical College, of Cincinnati, and a number of other physicians of repute.

I have always been in favor of popularizing medical science more than it is at present, but would regret very much to give any aid or comfort to

charlatans. If Dr. Rezin Thompson is of that class, which you profess to know, should be ousted at the very earliest possible period from his membership of the American Medical Association, and, for that purpose, I would suggest that you give the evidence in your possession to the Committee of Ethics of the Association. I will certainly be happy to assist you in exposing and rooting out from fellowship in respectable society such impostors.

Respectfully, J. A. THACKER,
Editor Cincinnati Medical Repertory.
Cincinnati, Feb. 9, 1870.

[We most cheerfully give a place in our columns to Prof. THACKER's letter, and wish to do full justice to Dr. REZIN THOMPSON. We "professed to know" that he was a member of the *National Medical Association*, only because the title page of his book says so. We *do* know that the association was started a few years ago in this city by at number of advertising, irregular physicians, chiefly "Eclectics" and "Thompsonians." Any man who belongs to that association cannot be met in consultation by a regular practitioner, and in the way of medical instruction we do not believe that any good can come out of that Nazareth. On examining the last volume of the Trans. Am. Med. Assoc. we find Dr. Rezin Thompson's name among the list of members, and his publishers write us that "*National*" was their mistake, and we therefore distinctly retract all that we said against his standing and reputation, and sincerely regret our expressions; the blame, however, does not rest with us, but with the National Publishing Co., which, to save a few dollars, or out of ignorance, allowed this stigma to attach to one of its authors.

In saying this, we do not retract the general opinion we expressed about the book. Like our excellent cotemporary, the editor of the *Repertory*, we, too, are "always in favor of popularizing medical science," but we regret to say this book of Dr. Thompson's does not command our admiration; and the want of business tact shown by the publishers in attempting to bribe the press by wholesale, by the offer of a copy all round, deserves that condemnation it has received in the New York *Nation*, and in other quarters.—EDS. REPORTER.]

Quien Sabe?

EDS. MED. & SURG. REPORTER.—The following history is from my notes of the case of an applicant for invalid pension, who recently came under my observation. It may interest some of the numerous readers of the REPORTER, as it has interested me.

Wm. B., æt 32, native of this country of healthy parentage, temperate habits, and previous robust health, was wounded in action at the battle of the Wilderness, Va., May 6th, 1864. A minié ball passed through the left leg, comminuting the middle third of the fibula. At the instant he was struck by the ball, he felt a sharp stinging pain in the neck, at a point one inch below the hairy scalp, and midway between the mastoid process and the ligamentum nuchæ. He carried his hand quickly to this point, and finding no blood or other evidence of a wound except the pain, called out to his captain that he was wounded in the neck, and wished him to come and find the wound. *There was no pain whatever in the leg;* and it was not suspected that the injury had been received in that part until attention was called to it by the blood running over the shoe. During convalescence there was most of the time, more pain in the neck than in the leg; and since that time, whenever there has been more than usual pain or trouble of any sort at the seat of the injury, a dull aching pain has existed in the neck,—always at the point before indicated,—and *this pain has never been present except when his leg was troubling him.* There is at this time no tenderness upon pressure, redness, nor appreciable rise in temperature of the neck.

I think it evident from the history, that the co-existing, (and sometimes apparently *vicarious*) pain in the cervical region is not merely fortuitous, but depends, in some obscure way upon irritation in the remote portion of the body. Is there any rational explanation of this symptom? Or must we be content with calling it an example of (*very*) remote sympathy?—which is no explanation at all.

THEO. F. WOLFE, M. D.
Jersey City, Feb. 12th, 1870.

Chorea.

EDS. MEDICAL AND SURGICAL REPORTER:

We gratefully acknowledge the merits of your valuable Journal in selecting good material under the heading "Hospital Reports." The practicing physician who is acquainted with the words of the old master *Baglivius*, "*Medicina est tota in observatione*," is anxious to read interesting clinical news, and if they are warranted, under the auspices of clinical professors, his belief is justified that they withstand the test of criticism.

Reflecting in such a manner we received the No 667 of your REPORTER, and the article, "Chorea clinic of Prof. A. Jacobi," attracted our attention. Knowing that the physiological definition of Chorea is just as hypothetical to-day as it has been centuries ago, and desiring to see removed from the medical field, such testimony of poverty, we looked over the report the more eagerly, as we are accustomed to expect interesting disclosures from the genius of the author, but alas! we could not prevent the temptation, that we better not swear "*ad verba magistri.*"

It says "Chorea divided in Chorea minor and major.

Chorea minor is a disease of the nervous centres, in which there is a want of co-ordination of muscular action." What does the professor call Chorea major in reference to the minor? How is the character of the disease of the nervous centres, to have such an effect upon the muscles? Is it perhaps the hypothesis of erethism of the motor nervous centres? The motions in the case related, as in the majority of cases, were unilateral, but it is a fact, that they change suddenly by a jump from one side to the other.

In Chorea minor the motions are incessant; it is more a restlessness of the muscles (morbus gesticulatorius Frankii) appearing the stronger, the more the patient thinks himself closely watched, and ceasing as long as he is asleep; the paralytic state of the tongue causes stammering, but his consciousness is more undisturbed. The attacks of the major differ widely, and appear in the form of paroxysms, like the attacks of epilepsy, and some other nervous diseases, and they occur very often at night. It is a wild gesticulation; the patient imitates in motion and voice, wild animals, and has no recollection of what he has done, when the attack is over, as his consciousness is gone during the paroxysm. We do not intend to speak here of the different forms of the Chorea major, of Tarantism, etc., etc., for we know well, that clinical instruction differs from a lecture on Pathology and Therapeutics. But we were inclined to learn something about pathognomonic symptoms, to discriminate Chorea from other similar diseases, in particular, as it is not an easy task to prove a relation between rheumatism and Chorea, as mentioned in the report, though we observed such a complication in many instances. There are cases on record, in which a slight spinal irritation, with and without rheumatic diathesis, produced some involuntary motions, without justifying the diagnosis of Chorea though we have not the least doubt, that the diagnosis in the case related was incontestibly established.

We are rather inclined to find the cause of Chorea due to a disproportion between the medulla and the columna vertebrarum; the medulla is increasing too fast, in proportion to the resistance of the bony part, (two physicians at Frankfort, Drs. STIEBEL and WALLACH, have proved the tumefied medulla and irritation of its teguments by post-mortem examinations) and the pressure upon the medulla interrupts the nerves in their controlling the muscles. Such a pathic state manifests itself by the symptoms of Chorea minor, and if the disease is not checked by degrees, any exertion of the patient provokes a vehement paroxysm with all the characteristic symptoms of Chora major, and the prognosis ceases to be favorable, as soon as a pernicious chronic state with affection of the brain is apparent.

Regarding the treatment the professor thought it best to treat the patient mainly by symptoms; and he gives his belief in Fowler's solution at three drops (how often?) as an addition to the indications of general Therapeutics. But to what amounts such a decided Nosogenia, if a symptomatical instead of a rational treatment is to be recommended?

Every practitioner has his favorite remedies, every professor fancies to treat on new remedies, and new observations and on account of Neonomania, the most valuable old experience is often enough abandoned. We know for instance that there are far superior agents on record, curing Chorea minor in the same, if not in less time than Fowler's solution, and surely they would have been mentioned, but most likely the professor did not want to perplex his students with the experience of men like CULLEN, ARMSTRONG, HUTCHINSON, THOMPSON, ROBERTSON, HECKER, ROMBERG, VIRCHOW, NIEMEIER and others.

According to the experience of authorities the metallic remedies in general, and the copper preparations in particular are well adapted to cure St. Vitus' dance, and worthy to be called Panaceas for assisting the bony part, and thus restoring the disturbed proportion. In former times the sulphate of copper was administered, but on account of its nauseant effect we were often compelled to intermissions. But most superior is the acetate of copper, in particular inthe form of the tincture cupri acetici Rademacheri (Pharmacopœia Prussica) at 8 to 10 drops every 3 or 4 hours. This preparation never disturbs the stomach, and can easily be continued for 4 or 6 weeks, and longer, and hundreds of cases are on record, which were cured by its use in a time from 3 to 6 weeks.

We should never neglect to bring some phosphoracea into the system, and to strengthen it by the use of malt baths, and a tonic diet. Cold applications upon the spine are indispensable.

Chicago, Ills. SEGNITZ.

NEWS AND MISCELLANY.

European Items.

——Prof. PAUL BERT has been appointed professor of physiology in the Faculty of Sciences of Paris.

——Dr. FAUVEL is giving a course of lectures on laryngoscopy at Paris. He uses the Drummond light to illuminate the laryngeal mirror.

——M. ROBINET, formerly president of the Academy of Medicine of Paris, recently died at the age of 73 years.

——Dr. OPPOLZER of Vienna has been made a knight of the Order of Leopold.

——The celebrated Dutch physiologist, J. VAN DEEN, well known for his researches on the spinal column, is deceased. He was professor of physiology at Groningen.

A Druggist Punished for Substitution.

A Paris *pharmacien* was lately called on to supply a bottle of "Seguin's cinchona wine," which had been ordered for a patient by his physician. He, instead, gave a bottle of cinchona wine of the French *codex*, labelled as Seguin's. For this substitution, he has been condemned by the correctional tribunal of the Seine to a fine of 100 francs with costs, or imprisonment for forty days, and to have the judgment placarded on his own door and those of the other nine *pharmaciens* resident in his *arrondisement*.

——Dr. Von Graefe has returned to Berlin from his tour in search of health in Italy, greatly benefited, and as enthusiastic as ever.

QUERIES AND REPLIES.

Dyspepsia.

Messrs. Eds.:—William McLane, aged 42, made application to me about July 17th, 1869. *Symptoms*, periodical cardiac palpitation, either with or without physical exertion. Copious eructation of wind from the stomach, accompanying and commencing with palpitation, continuing some 24 to 48 hours, then an intermission of such symptoms for three or four days. No *acidity* whatever of the *eructations*. Appetite good; no symptoms of fermentation of food. Air not taken in by deglutition. No signs either by the *murmur* or otherwise that valvular or endocardial lesion can be diagnosed. General appearance of cornea and surface as in *icterus*. From every accompanying symptom being rationally connected with every other, I wish to know *what's the matter* with my patient. This flatus appears to distend the stomach, raising the diaphragm so as to interfere with the regular motions of the heart. What gives rise to the flatus?

I have prescribed tonics with antacids, and cholagogues, and they are of no benefit. What shall I do?

Illinois, Feb. 8, 1869. D.

Vaccination.

Dr. H. W. P., of Tenn.—"Is there any impropriety in vaccinating white children with virus obtained from the arms of black ones?"

Reply.—We have always requested gentlemen sending us virus to obtain it from *white* children only, but we do so out of deference to a popular preference, and not because we believe that the Caucasian race would be in the least contaminated by virus from an Ethiopian, or that the potency of such virus is at all effected by difference in race. Any such opinion were eminently unscientific in the face of the fact that we obtain the virus originally from an inferior animal. There is no rational objection to a negress for a wet nurse, and still less to lymph from a healthy pickaninny.

Hysterotome.

Dr. J. A. C., of Texas.—You can have a hysterotome sent by mail. White's is a very good one. It costs $7.00. The two copies of Legros and Onimus on electricity have been sent you. You will find Garrat on electricity ($2.00) very useful; also Meyer, and the work just ready of Drs. Beard and Rockwell.

Dr. A. C. D., of R. I.—"Does the latest edition of Dunglison's Dictionary give the division and accentuation of words?"

Reply.—It does.

Case Book.

Dr. N. J., of Mich.—You write about a case book. There is none published in this country, though in England they are kept by all medical stationers. We have inquiries for them every few months, and we may conclude to issue one. For account books, O'Connor's, Goff's, or Barr's, are all satisfactory, and we do not know which can be called the *best*.

Photographs.

Dr. J. W. G., of Ind.—"What will the photographs of all the members of the Jefferson College faculty cost? Can the photographs of the deceased members be obtained?"

Reply.—There is no collection of photographs of the faculty. We understand efforts are being made to effect this, but photographs of deceased members will hardly be included.

MARRIED.

Carter—Wellington.—At Churchill, Kansas, Jan. 26th, 1870, Capt. Mason Carter, 5th Infantry, U. S. A., and Lucy Downing, second daughter of Dr. Oliver H. Wellington, formerly of this city.

Moore—Beroth.—In Rich Valley, Indiana, Feb. 1st, at the residence of the bride's mother, by Rev. L. L. Carpenter, P. G. Moore, M. D., and Melissa Beroth, both of Rich Valley.

Woodward—Wendell.—In Washington city, Feb. 10th, by the Rev. Charles A. Allen, Dr. J. J. Woodward, U. S. A., and Blanche, daughter of Cornelius Wendell.

DIED.

Blumenthal.—In New York, Feb. 15th, Martha J. Blumenthal, wife of Dr. Charles E. Blumenthal, in the 51st year of her age.

Bossett.—The 13th inst., at Douglasville, Berks county, Pa., Wharton Grove, son of Dr. Wm. C. and Mary R. Bossett, aged 4 years, 6 months and 4 days.

Canfield.—At the residence of herself and son, in Lock Haven, Pa., on Sunday, the 13th of Feb., 1870, of Carcinoma Uteri—first detected about a year ago—Mrs. Susan Canfield, relict of Dr. Ira D. Canfield, Sr., and mother of Dr. Ira D. Canfield, Jr., in the 63d year of her age.

Moore.—Dr. James M. Moore, of Concord, N. H., died recently, aged 38 years. He received his medical degree at the Dartmouth Medical College at Hanover.

Rossiter.—In Guilford, Conn., on Monday, the 14th, Dr. David Rossiter, in the 88th year of his age, formerly for many years a resident of this city.

Rublee.—In Montpelier, Vt., Jan. 26th, Dr. Rublee, aged 48 years.

Willes.—At Port-au-Prince, Jan. 29th, on board U. S. S. Seminole, William S. Willes, Assistant Surgeon U. S. Navy.

METEOROLOGY.

FEB.	7,	8,	9,	10,	11,	12,	13.
Wind.....	N. E.	N. E.	N. W.	W.	S. W.	S. E.	N. W.
Weather.	Cl'dy	Cl'dy Snow	Clear	Clear	Clear	Cl'dy	Clear
Depth Rain		6–10					
Thermom....							
Minimum..	27°	30°	25°	28°	22°	35°	24°
At 8, A. M.	30	33	32	33	25	40	29
At 12, M...	37	35	37	41	37	45	31
At 3, P. M.	36	36	38	40	38	40	31
Mean.....	32.50	33.50	33.	35.50	30.50	40.	28.75
Barometer..							
At 12. M...	30.2	29.4	29.6	29.8	30.2	29.9	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A WELL OF MAGNETIC WATER IN AMERICA.

By Stiles Kennedy, M. D.,
Newark, Delaware.

I propose to give a short account of the discovery, analysis, and therapeutic value of a most remarkable well of water, recently discovered at St. Louis, Gratiot county, Michigan, together with some suggestions regarding its use, etc.

Last spring a company began boring at the above named place for salt water, with the intention of starting a salt manufactory. As the auger went down the following geological formations were developed:

Clay gravel and small boulders, -	40 feet.
Blue clay, - - - - - - -	30 "
Fire clay, - - - - - - -	13 "
Sand gravel, - - - - - -	39 "
Shale running into Blue shale, -	15 "
Coarse sand and gravel, - - -	55 "
Small stones, - - - - - -	6 "
Rock, - - - - - - - -	2 "

Making 200, the total number of feet bored. The pipe used was of 3½ inches diameter, and it was found to pour out 280 gallons of water per minute. But the water was not *salt*, and it was, therefore, abandoned for manufacturing purposes. But being of low temperature—50° F., and good taste, it was used by the town at large for drinking, and by many for the usual purposes of the household.

Sometime after this, it was observed by some one of the number going hourly to the well for water that the iron pipe through which it flowed would attract and hold small tools and pieces of iron and steel, such as the pocket-knife; pieces of these metals were then laid in the trench that conveyed the surplus water away, and it was found that they became magnetized in a day or two by the action of the water. An old paralytic in the town, perhaps, one who had winced under Jerome Kidders' "best yet devised," conceived the idea that it would restore his arm. So he began a system of baths and drinks, and day by day the people of the town saw him gradually restored to usefulness of limb. Those who witnessed this cure sent for their friends—many of these were cured. Many visited the well afflicted with other diseases, of course all the incurables of every description visited the wonderful water, until the town was filled really "with all the ills that flesh is heir to."

Dr. Samuel P. Duffied, Professor of Chemistry, Detroit Medical College, has analyzed this water, and obtained the following result, calculated on the imperial gallon. Specific gravity 1,011:

	Grains.
Sulphate lime	66 50
Silicate lime	6.72
Chlorine—a trace	
Bicarbonate soda	106.40
" lime	69.40
" magnesia	17.50
" iron	1.20
Silica free	2.88
Organic matter and loss	2.00
Total constituents	272.60
Bicarbonates	194.62
Free carbonic acid in gallon	6.21
Sulphureted hydrogen—traces	
Total mineral matter in one gallon	270.60

This analysis was made in Detroit, about the last of September, 1869, from water that had been standing in a tin can some three or four weeks. From some experiments made by myself, I am satisfied that the quantity of iron given by Dr. Duffied is too small by at least one-half, or that the chalybeate principle has increased in the well since his analysis

was made. This latter opinion would seem to be borne out by the fact that the sulphureted hydrogen has increased in quantity so much as to attract the attention of those in the habit of visiting the well, and if one constituent thus change, why not others? And if iron be deposited on the tin-can containing the water examined by Dr. Duffied, why should not other important principal constituents go down with it?

I have on the table before me some water taken from this well in December last; it is beautifully clear, and to the taste, is barely perceptibly alkaline; and at its natural temperature, before its gases had escaped, I should say it was pleasant to drink. I have had submerged in some o this water, for three days, a knife blade, a pair of scissors, and a large needle; either of these will now quickly move the needle of a compass, or passed through a little pile of steel filings, either article will become covered with adherent particles of steel. I tested these instruments before I placed them in the water, therefore I know that they were magnetized by this water.

Looking at this matter, therefore, in its double significance of magnetic influence and chemical action, it is to all intents and purposes a *medicine;* and according to the views generally accepted at present of diseases and their treatment, a medicine that will apply, with much hope of good, to two separate and distinct classes of disease.

By magnetism to paralysis, neuralgia, and other diseases of the nervous system.

By its alkaline carbonates to certain diseases of the alimentary and renal secretions, uric acid diathesis, dyspepsia, and rheumatism, etc.

In considering the manner in which this water acts to benefit or cure disease, it should be borne in mind, that the action of this, like all other medicines is relative, depending on the condition of the system at the time of administration. From conversations I have had with several persons who have visited this well, I conclude that the water has three distinct, sensible, or active effects, diuresis, purgation, and diaphoresis, besides two insensible or passive actions: tonic and alterative. If the quantity of sulphureted hydrogen should continue to increase I have no doubt this water will become sensibly stimulant, a point not to be overlooked, and properly remedied if necessary. The popular opinion is that the sensible action of the water of mineral springs is the remedial one, and a large majority of persons visiting these places, if they do not perceive at once some commotion of the organs, think the water does them no good; while the truth is, that in the vast majority of cases the active action of the water is *not* only unnecessary, but absolutely injurious; from the fact that it is antagonistic to the quiet, profound, tonic, and alterative action which is the highest good. We have all been provoked while trying to bring a patient under the alterative effects of certain medicines to find them passing off by some of the emunctories, and we must either withdraw our medicine for a while, or diminish its quantity or, throw in other remedies to close the emunctories, in order to gain our point. This same general rule applies with much force to the use of this water, while it does not preclude the fact that cases will occasionally arise where the sensible action of the water is required. For instance, that of a man suffering from calculi, bloody urine, perhaps albuminous, offensive, and ropy. By producing a strong diuretic action with the water, the calculi may pass away and the urine become natural. In deed this water it is hoped will apply with special potency to cases of calculus and gravel, aside from its diuretic effects. It has been ob served by the inhabitants of the well region that, the hard incrustations on their kettles produced by the habitual use of lime water is rapidly removed by magnetic water being boiled in the vessel; no doubt it would be removed at a lower heat than the boiling point, but more slowly. No experiments have been made to determine the lowest temperature at which the water will have this effect, nor what effect this water will have on real calculi and gravel *out* of the body. A series of such experiments might prove of incalculable value.

I cannot better illustrate the difference between the active and passive action of this and other mineral waters, than by a case from my own practice. In the spring of '66 I was consulted by letter by a gentleman in Kentucky who had been a victim to rheumatism for several years; generally two attacks a year: early fall and late winter. He was just over his winter attack. I advised him to make a journey to the Washita hot springs and spend three months. He concluded to do so, and made the start; but before he reached his

destination he was persuaded to try some of the many small, or at least comparatively unknown springs on his way. He was delighted with his trial; his liver, kidneys and bowels were acted upon severely, and he wrote me humorously, that "although I have not been born again, I have been waked up and washed out," and that he had not felt so well for ten years. Now this feeling was very natural, he had freed his system from some heavy humors, his various organs acted promptly and efficiently; he felt, therefore, light, unrestrained and easy in body and mind. He returned home after an absence of three weeks, and had his usual attack of rheumatism in the fall! He subsequently carried out my instructions, and has had no attack since, now nearly three years.

I have made inquiry regarding the popular *dose* of this magnetic water, and find that it varies from three to ten pints a day. Nature is indeed kind to open the flood-gates or some men would either turn into a pillar of salt or become so highly magnetised as to be inconvenient customers to a hardware merchant. I should judge by all the lights before me that two pints *per diem* was sufficient for nine-tenths of the cases. To produce the tonic and alterative effects, it should be divided into four doses, and given one an hour before each meal, and before retiring. When given for its diaphoretic tendency, the most of it should be given after tea; if for the purposes of an aperient, the larger portion should be taken before breakfast, and for its diuretic effect, at any time between breakfast and tea, while the patient is taking exercise. Of course this can only serve as a general rule.

Beside the internal use of this water much reliance is placed by invalids upon its baths for curative results,—and subjected to proper rules I have no doubt of their efficacy. A correspondent of the *Detroit Post* writing from the well, it seems, says on this point:

"The use of it in a cold shower-bath, at first touch, is a wonderful shock, but a moment after a reaction takes place in the system, and it feels comfortably temperate; and when you come out of it the surface of the body is in a profuse glow, and the flesh tender to the touch of the towel."

He then spoils his story by saying:

"A few days' use of it eradicates any 'silver gray' tinge of the hair as effectually as certain hair restoratives!" He evidently wrote while the "profuse glow" was on.

Other things being equal we might expect the greatest benefit to be derived from bathing in this water at its natural temperature, but 50° F. is rather a low temperature for many patients and many diseases; besides it is not so pleasant at this season of the year. The questions therefore arise:

1*st*. What effect does certain increments of heat—above 50° F.—have upon the magnetism of the water and its chemical constituents?

2*d*. What effect does decrescent heat have upon the components of this water? and these lead to a

3*d*. How much of the curative properties of this water, whether taken internally or externally, depends upon its magnetism? I have instituted some experiments on these important points, which I hope, after a while, will be more satisfactory than any theories I might offer now.

The following table will exhibit the quantity of mineral matter per imperial gallon in various celebrated mineral springs of this country. The temperature is also given:

	Grains.	*Temp. F.*
St. Louis Magnetic Well Mineral Matter,	270	50°
Virginia White Sulphur " "	115	62
" Salt " " "	186.08	53
" Red " " "	26.58	54
" Blue " " "	86.33	46
" Sweet Springs " "	74	73
" Red Sweet " "	94	77
" Hot Springs " "	30	105
" Warm Springs " "	23	98
Ky. Harrodsburg " "	255.60	—
" " Chalybeate " "	356.80	—
Tennessee Montvale " "	108.34	—
N. C. French Broad River " "	36.13	100
Miss. Cooper's Well (Art'n) " "	105.471	
Miss. Ocean Springs " "	61.353	
N. Y. Adirondack " "	76.8920	

The solid contents of all the above waters are for the most part sodium, magnesium, potassium, ferrum, calcium, in various combination with carbonic, sulphuric, and silicic acids, or with iodine, bromine or chlorine. It will be observed that so far as the quantity of mineral matter is concerned, the magnetic well holds the first rank. If a similar table were arranged for the gaseous contents of the several waters, it would be found that this water contains so small a portion as to make it rank among the lowest on the list.

But we must not be misled by supposing that it is the quantity of either the solid or gaseous portions of mineral waters that give them efficacy as therapeutic agents; that comes from the beautifully intricate chemical combinations forever going on in Nature's great laboratories.

If time and space would allow me to spread on this paper a complete analysis of each of

the waters mentioned, as I have of the Magnetic well, so that the constituents of each one could be compared with the others, it would at best serve only to *indicate* that certain waters would be more suitable to certain diseases, than other waters. We could derive no positive information, from the fact that the acids and alkalies which we pour into nature's delicate combinations, destroys some of them, and new ones are formed that did not exist in the water.

This part of the subject can be nicely illustrated by two or three instances. The analysis of the Chalybeate spring at Harrodsburg, Ky., shows that water to contain .50 grains of iron to the imperial pint, yet that small quantity of iron is so combined, that it often causes distress in the head; while other waters containing vastly larger quantites of iron produce no such effect. It is impossible to account for the headache, unless the iron is in some subtle combination which the analysis cannot reach. Again, the analysis of some of the Alum Springs of Virginia, would indicate those waters to be decidedly astringent, and with that idea persons have visited them, when to there astonishment they find the waters *purgative*.

We do not know why the waters of the river Jordan are better than those of the Abana and Pharpar, other rivers of Damascus, but as all experience teaches that it is such, we must accept it as truth; and so in regard to mineral springs. Every fountain must stand by its own record.

This being the case it is a matter of great moment that places of the sort should have a competent, active, resident physician to take careful notes of every case using the water, of the disease, the mode of using it, and the result. In a short time he would be capable of giving good and wholesome advice to persons visiting his spring for the recovery of health. In Europe these physicians are appointed by law. It was found there that great injury resulted to the people, from their not knowing what particular water to use, and how to use it in the greatly deversified forms of disease.

And in this country many of the best mineral springs have found it necessary to appoint intelligent resident physicians in order to facilitate as far as possible the recovery of those who could be benefited, and also to discourage the stay of those, that experience had proved to be incurable or injured by the water. The record of the physician therefore is the only sure guide the medical profession can have in the use of these waters. And the want of such information must disqualify for the intelligent recommendation of these valuable remedial agents.

Probably I should not have said that the *best* mineral springs have these resident physicians; but I can say with truth that these physicians by their experience and practical observation of the effects of these waters in various diseases, by their positive knowledge of the adaptability of the water to certain diseases and the exact method of using it, and the many necessary adjustments have given to certain springs the *best* reputation; while doubtless there are other springs just as good, if not better, that have failed, because visited by large numbers of invalids, who entirely ignorant of the proper use of the waters, were not benefited, and therefore discouraged every one else from trying them.

HEMORRHAGE FROM THE BOWELS IN A NEW-BORN INFANT.

By J. B. Graves M. D.,

Of Corning, N. Y.

(REPORTED BY DR. CHAS. M. GRAVES)

Mrs. B. was taken in labor with her second child, Sept. 22nd, 1869, at one A. M. Mrs. B. is of medium size with nervo-bilious temperament.

Her pains were very moderate. Dr. J. B. G., was called to see her at 6 A. M., found the os dilated, the head well engaged in the pelvis, and ten minutes intermission between the pains, which were moderate. Pain in the back severe. She was very cheerful. The labor progressed in this manner until the pains became expulsive, when a female child weighing seven and one-half (7½) pounds was expelled in the first natural labor position, at ¼ before ten o'clock.

The pulsation of the cord soon ceased—the funis was tied and cut. The child had a remarkably red plethoric appearance. It was also noticed that she was very much warmer than was natural and that her hands and feet were exceedingly hot. The child was washed and dressed in the usual manner by a careful and intelligent lady in the usual time. Child was very quiet, cried but little, was put to the breast when she nursed with vigor.

Sept. 23.—The child had passed urine very freely, but had had no passage of the bowels.

Molasses and water had been given her in small quantities. She slept most of the time and was very quiet. The heat and redness continued, aside from that the child appeared perfectly well. No tumefaction of the bowels, no crying, but little worrying, not as much as children usually have at her age. Dr. G. introduced a small probe into the anus and pressed it very gently to one side so as to partially open the sphincter—the meconium immediately began to pass, it was rather dry and stringy, and did not at first pass very freely, but did so pass after a few hours. At 11 P. M., Dr. G. was called in great haste, the child had commenced passing blood from the bowels. When he reached the house she had had three passages of blood mostly coagulated. Child's pulse full and very distinct, and she was very quiet. The heat of surface and extremities was much diminished. While he remained she passed about an ounce and a half of coagulated blood; recommended that the child be kept as quiet as possible and be permitted to nurse frequently. A portion of the discharge was submitted to an examination under microscope and found to be blood.

September 24, *A. M.*—Visited her again, found she had had several more discharges, making in all the quantity lost about six ounces, and was much weakened and very quiet. The countenance much bleached, the hands and point of the noise very white, ears the same; pulse still very distinct, but neither so frequent nor so full as at last examination; the surface not so hot, but warm as it should be. The child appeared hungry; ordered a little sweetened water as the mother had no milk as yet. 2 P. M., called again; sweetened water had satisfied the child, and she had slept most of the time. There had been two more passages—one of an ounce and a half, the other of an ounce of blood; child more pale and feeble. 7 P. M. Mother secreted plenty of milk; child nursed very freely and with strength. There had been but two very small passages from the bowels since last visit—not over a drachm at each passage; pulse stronger; skin natural; hands up at the face, and fingers flexed; not so pale as at last visit; not too much heat. Had a small passage of blood while Dr. G. was present, at this visit half a drachm in quantity, and coagulated. In the afternoon previous, child had turned quite yellow; this color was hardly perceptible in the evening.

September 25.—Heat natural; had two small passages of blood during the night—about half an ounce in all; slept well and nursed very freely. 6 P. M. During the day child had two normal passages of the bowels; appeared to be getting well; yellowness of skin partially passed away from face and hands, but very deep yet upon body.

September 26.—Child very well; yellowness of skin slowly disappearing; bowels moving naturally.

Monday, September 27.—Child troubled a little with flatulence; passages from bowels normal.

There was a large amount of blood passed the child, in all twelve (12) ounces. Where did it come from? How came it in the bowels? The child did not appear so weak as would be supposed she would upon the loss of so much blood. One peculiarity of the child not mentioned was mentioned by the mother before the birth of the child, that the child seemed to grow all at once, as she expressed it,—during the seventh and first part of the eight month. Dr. West in reference to this subject remarks: "Among those rare diseases, too seldom met with for any person to have what may be called real experience about them, may be mentioned the vomiting and purging of blood, occasionally observed in infants and young children. In the greater number of cases the occurrence has taken place within a few days after birth; sometime within a few hours, and, in some instances, has followed a tedious and difficult labor, in which the head of the child has been much compressed, or the abdomen has been pressed on, or otherwise injured, during attempts at its extraction, while in other cases the difficult establishment of respiration has seemed to be the predisposing cause of the hemorrhage. Very often, however, no reason can be assigned for it. Sometimes it is unattended by any other indications of disorder of the abdominal viscera."

In the above case there were no indications of any other disorder of the intestinal canal, nor was the labor tedious or difficult, nor was there any difficulty in establishing respiration. Formerly the idea prevailed that all sanguineous effusions invariably depended upon rupture of the blood vessels.

Morgagni seems to have been the first to suggest that hemorrhage might be the result of exhalation without lesion of the vessels

from which it emanated. This opinion is well calculated to throw some light on the case before us. But there is a difficulty here to be removed. The set of open-mouthed vessels, known by the name of exhalants, do not exist, or at least none have ever been demonstrated. How then can we explain the exhalation of blood? Are we to suppose that the arteries are everywhere furnished with pores through which the contained fluid merely percolates? It has been satisfactorily proven by experiments a thousand times that all animal tissues are permeable to fluids and gases, which could not be the case if they were destitute of pores. Assuming that all vesicular canals are porous, the most plausible theory that suggests itself is, that all hemorrhages not dependent upon rupture are caused by a sort of exosmosis or transudation, by which the elements of the blood are forced through the coats of the vessels and made to occupy situations in which they are not naturally found. Or it may be supposed that the capillaries being in a state of debility and relaxed, have their pores rendered unnaturally patulous, and thus allow the blood to have a more ready egress. Nor is it probable that the change, whatever it may be, is confined to the minute vessels.

To give rise to the phenomena in question, the nervous system must be involved so as to promote, if not excite, the perverted action. In this case there was evidently a want of nervous action, or the bowels would have moved. After they did move a want of nervous power to carry on the circulation in the large intestines produced the hemorrhage.

I do not know that I am prepared to suggest any course of treatment in like cases. It has been suggested by Dr. C., a very talented and successful neighboring practitioner, that a dose of castor-oil would have very readily relieved the patient, that he had on one occasion given a dose of castor-oil in a case of hemorrhage from the bowels with perfect relief. Another gentleman has suggested that astringents would have been good treatment. The indications in the case before the hemorrhage commenced were, by some means to remove the plethoric condition of the system, and thus reduce the great heat which was so manifest; perhaps a cathartic would have accomplished this object. Had I another case, I should not wait as in this case and depend upon molasses and water to move the bowels, but administer a cathartic. After the hemorrhage commenced I would not have given a cathartic.

A CASE IN CONSERVATIVE SURGERY.

By M. W. Alfred.
Of Galesburgh, Michigan.

In August last, while several ladies were in a flour mill at Yorkville, Michigan, the dress of one of them, (Mrs. B———), a woman of fifty nine years of age, was caught by an upright iron shaft, of two and a half inches in diameter, then making 190 revolutions in a minute.

She seized the dress with both hands in order to detach it from the shaft, but her hands and under clothing were instantly wrapped around the remorseless cylinder. Being a fleshy, heavy person, before her body partook of the motion of the machinery, her arms were bruised and broken in a most shocking manner. The backs of both hands presented to the shaf , which detached some of the nails, grinding the integuments and flesh to a pulp. The *right* wrist was dislocated, the styloid process of the ulna protruding through the skin, the radius and ulna were fractured at their lower third, the olecranon process of the ulna was broken, and the elbow dislocated inward. The humerus was fractured about the middle of its shaft, which also was thrust through the integuments of the arm. The *left* arm was similarly fractured, the soft parts of the forearm being lacerated, through two-thirds of their extent, producing a grave compound fracture. The humerus was broken, but did not protrude. As soon as her body partook of the motion of the shaft, (with which it revolved about a minute, or 190 times), the centrifugal force caused her head to sweep around, and strike some barrels standing near, filled with wheat. This flayed her head from the eyebrows almost to the crown, tearing the skin and scalp into strips and shreds. I found her on a bed, and her arms lying in all manner of zigzags.

As reaction had not taken place, and fearing it never would, I reduced the dislocations, set and dressed the arms, drew together the portions of the scalp so they covered three-fourths of the skull from which they had been severed. This was done more to improve the ghastly appearance of the patient, than with the expectation of saving limbs or life. The weather being hot, a solution of carbolic acid was used to moisten the parts. Reaction finally set in, and matters progressed hopefully until the eighth day, when the fractured and dislocated elbow, and in fact the whole right

arm assumed a purple, gangrenous hue. Animal broths, tonics, and stimulants were exhibited, and yeast poultices, saturated with carbolic acid, applied, which in forty eight hours arrested mortification, and subdued the putrid scent which had become very offensive. From this time resolution progressed steadily; and at the end of four months the patient was able once more to feed herself, and her hands are moderately useful. The virtues of carbolic acid far exceed all its praise.

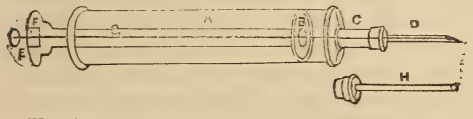
INSTRUMENT FOR EVACUATING DEEP ABSCESSES.

By John Shrauder, M. D.,
Of Montgomery Co., Pa.

The following description of an instrument devised for the purpose of evacuating abscesses of the lumbar region, the lymphatics of the neck, effusions of fluid, or collection of pus in the joints or various cavities of the body, and paracentesis, was read before the Montgomery Co., (Penn.) Medical Society, at its regular meeting in November, 1869.

The instrument combines two principles; that of applying exhaustive power, and the prevention of the admission of air into the cavity evacuated.

By applying great exhaustive power thick tenacious matters may be forced through an exceedingly small tube, the smallness of the tube requiring an exceedingly small puncture the tissues immediately close upon themselves after the withdrawal of the instrument, entirely precludng the possibility of the admission of air (especially if the wound is immediately closed by adhesive plaster), a valuable desideratum in the treatment of some forms of abscess, or collections of pus in various cavities of the body.



The instrument consists of a syringe, A, of suitable dimensions, with a closely fitting piston, B, a short nozzle, C, and a long slender steel tube, 3-16 diameter, 1-16 bore, (the size I employed,) D, one end of which is accurately fitted to the nozzle, while the other extremity is ground off on one side, after the manner of a hypordermic syringe. This form of the instrument is to be preferred in the case of abscesses, and has been employed successfully in the treatment of a case of lumbar abscess, during the past year, Oct. 10, 1869, in a child ten months of age, of a somewhat strumous disposition, (the real exciting cause of the abscess is unknown.) The tumor before evacuation occupied the whole left lumbar region, extending from the crest of the ilium to one and a half inches beyond the vertebral column, and bulging about one and a half inches from the natural surface of the body. It was poulticed for a few days previous to the first operation. The instrument was then thrust into the superior part of the tumor, the nozzle pointing downward, thus avoiding the pressure of the remaing contents upon the puncture, causing ulceration. The syringe was filled by withdrawing the piston, and the instrument was removed. A bandage and compress were then applied; the operation was repeated at intervals of five days, the third operation completing the cure. No other agencies were employed than those mentioned. The child is doing well, no recurrence of the disease having since taken place. About twelve ounces of pus in all were removed, which was of a thick consistence, curdy and of a greenish yellow cast.

In abscess of the lymphatic ganglions of the neck, I think this instrument will be found particularly valuable. By its intelligent use I think they can be treated successfully without resulting in those disfiguring cicatrices which always result if opened with the knife. And from the experience which I have had with the instrument, I have not the slightest doubt that in many cases, where large collections of matter have formed in the joints, many a joint may be saved by its removal by the use of this instrument, judiciously and timely employed.

For the operation of paracentesis a slight modification will be found advantageous. The tube, H, instead of being ground upon one side, is rounded off like the tube of a trocar. A small hole is drilled lengthwise through the rod of the piston, the end of which is furnished with an airtight packing, F, (a gum cork for instance,) through which is passed a pointed stylet, E, of a sufficient length to extend through the nozzle and tube. In use the instrument is thrust through the walls of the thorax, the stylet is drawn completely within the rod of the piston. Force is then slowly and steadily applied to the handle until the syringe is filled, the instrument is then with-

drawn, and the wound immediately covered with adhesive plaster.

The advantage to be gained by the use of this instrument in this operation is the extraordinary exhaustive power which may be applied, thus requiring a tube of exceedingly small bore for the passage of the pus and other contents of the chest. The stylet can be withdrawn, avoiding all danger of wounding the lung, and by fitting air tight prevents air from entering the pleural cavity. The puncture from the tube is so small as to immediately contract, causes very little pain, and exceedingly little risk of awakening active inflammation of the pleura.

Hospital Reports.

PHILADELPHIA HOSPITAL.

February 26, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(REPORTED BY HERMANN W. NEWCOMB.)

Perineal Section.

Gentlemen:—I take pleasure in reporting that the man upon whom I performed perineal section when I last had the pleasure of meeting you, is doing excellently well, having had no chill or pain, and indeed presenting no symptom of an untoward kind. The wound in the perineum although still open, is healing kindly, and in all probability in a few days the urine will again be passed through the natural channel. The case was one not promising the most gratifying result, and I am much pleased that it is progressing so favorably.

Secondary Syphilis.

Upon the occasion of our first meeting this spring, you may recollect that I brought a case before you of a man with a somewhat obscure history of chancre years ago, and who had upon his penis a sore of doubtful nature, which however, I proved to be specific by inoculation. (*Vide* Med. & Surg. Reporter for Jan. 22d, 29th, and Feb. 5th, 1870, H. W. N.) I then remarked to you it was my conviction, that at a period more or less remote secondary syphilis would be developed, the accuracy of which prognosis is now attested by the eruption diffused over this man's body. This case is one of important clinical interest, the immediate point at issue being, as many of you will doubtless recognize, as to whether the development of constitutional disease claims as its origin, the soft chancre that many of you saw, and the remains of which may still be perceived; or whether the sore contracted years ago, be the source of the contamination, its virus having lain dormant in the system until this late day, and aroused into activity by the depressing influences of the patient's surroundings.

The nature of the first sore we are ignorant of; and the capability of a soft chancre to involve, the system, at large, is strenuously denied by many able authorities; a view the adoption of which would compel us to regard the constitutional syphilis of the man before you, as wholly independent of the chancre and bubo he had a few weeks since. If you choose to maintain that the poison has been lurking undeveloped in his system for many years, well and good, for that is by no means incompatible with our knowledge of the phenomena of the disease; but it is to say the least of it, a remarkable coincidence, that this long latent poison should seize just that moment to announce its presence, when the secondary accidents following upon the soft chancre were most likely to be developed. In view of these considerations then, I think it more rational to attribute the eruption now existing, not to the sore of years ago, but rather to the one of more recent production. That the soft and inoculable chancre is fully capable of contaminating the system at large, I am, as I have before had occasion to remark, fully convinced, and this is an opinion you will do well to entertain also; for I conceive no man is justified, when a patient has a suspicious sore upon his penis, to omit cauterizing it.

Yet, if you believe that the soft chancre is but a simple, local sore, possessing no power to pollute the man's economy, why should he be subjected to the pain and inconvenience of having that destroyed which is in itself harmless? I do not often ask you to take things on faith, gentlemen, but believe me when I assure you, the soft chancre is not a harmless sore; the soft chancre *does* give syphilis, and I desire to impress upon your minds, that it is your duty when you meet with it to give your patient every chance to escape after trouble, by destroying its power to do injury. Holding the views I do, I cannot but think that in the patient before us, we have a striking exemplification of secondary syphilis, the result of the so-called non-infecting chancre; but be this as it may, the man has syphilis, and it is a matter of little practical moment so far as this particular case is concerned, whether the disease has its source from the contagion of years ago, or from that of a few weeks since. I can imagine a case where it would be highly important to trace accurately the origin of the disease; but in this man, the date of his contagion, besides being a matter of much interest, is a point without any special practical bearing. His treatment for the past few days has been the protiodide of mercury in doses of three grains repeated three times daily, and there is no reason why it should be altered.

Actual Cautery.

I next direct your attention to the case of a man who in September, 1868, had a chancre, which was followed by a suppurating bubo in the groin that has never healed. You will frequently meet with these cases of persistent bubo, and you will find them not very amenable to treatment. They are often engrafted on a constitution saturated with syphilis, and always manifest a predilection for those patients who possess some peculiar cachexia or are broken down in strength. They may take on phagedenic action and involve an immense amount of cutaneous surface, finally destroying the life of the patient by the irritation they produce, and the drain upon the system that so extended a suppurating surface must institute. The long list of remedies that have been proposed for the relief of this affection, is evidence that none of them exercise any very great governing control over it. Nitrate of silver, caustic potassa, bromine, and acid nitrate of mercury, have each their advocates and all of them are more or less entitled to your consideration. Dr. Atlee, of this city, has long employed a mixture of equal parts of brown sugar and charcoal, and as I have frequently derived signal advantage from its use, I commend it to your attention. But the actual cautery, one of the surgeon's resources from time immemorial, and to the value of which the experience of ages has given sanction, is a most powerful agent for good, and in no case adapted to its use, will you derive more decided advantage than in these ugly burrowing ulcers of a specific nature, which have long obstinately resisted less potent measures. The iron should be heated to a white heat, and the parts to which it is to be applied having been thoroughly dried, it is then passed firmly over the affected strictures. Cold water will be the most grateful dressing for the first few days, and when the eschar has dropped off, a slightly stimulating ointment will be all that is necessary.

Lithotomy.

I now present a very interesting case of a man from whose bladder I removed a phosphatic calculus in 1868, and upon whom I shall perform the operation of lithotomy, this morning, for the second time. He was discharged from this hospital in June of 1868, in good condition, having made a most excellent recovery, but he came to my office a few days since, presenting the symptoms of urinary calculus, and upon sounding, I readily detected a stone. I regard this case as one better adapted to cutting than crushing, for the man's bladder is undoubtedly diseased, and lithotripsy under such circumstances, will not yield satisfactory results. When a man possesses the dexterity of Sir Henry Thomson in the use of this instrument, who will seize a stone and crush it several times in the space of one minute, any ordinary amount of inflammation of the vesical walls is not an insuperable obstacle to its employment, but this requires rare skill in manipulation; and even when the operator has this, I am strongly disposed to bring into question the propriety of resorting to lithotripsy rather than lithotomy, in these cases of highly irritable bladder. By removing the source of irritation at once, the inflamed organ is put at rest, and given an opportunity to return to its normal condition, whereas, if it be still further fretted by the manipulations necessary to comminute the stone, not only does the bladder itself resent the interference, but it is not improbable that the general system may partake in the morbid action, much to the detriment of the patient. I do not wish to be understood as underrating the value of lithotripsy, for such is certainly not my intention. I recognize its great value in a certain class of cases, but I do not think it adapted to the patient before you, and in this view my colleague, Dr. J. H. Brinton, fully concurs.

The varieties of urinary calculi that practically need engage your attention are three in number. Uric acid and its combinations will be most frequently met with, constituting about three fifths of the entire number, while the rest will be made up of the phosphatic, with a small per centage of the oxalate of lime. The uric acid calculus is always originally found in the kidney, whence it passes into the bladder, where, if not evacuated with the urine it serves as a nucleus for the further deposit of acid, and thus it continues to grow by accretion until removed. The phosphatic stone is usually found in the bladder, though it may have a renal origin.

The mucus of a diseased bladder, may contain an excess of phosphate of lime, which combining with the ammonia of the decomposed urine, produces the ammoniaco-magnesian phosphate; or what is more generally known as the triple phosphate. The oxalate of lime calculus is of renal origin, and is the hardest and most dense of all the varieties of stone. When from the symptoms presented you are led to suspect the existence of a urinary calculus you should at once sound the patient. For this purpose select a steel instrument, not too large, and with a rather short and abrupt curve, in order that you may explore every portion of the bladder. The bladder should contain three or four ounces of water, and if the patient be unable to retain his urine, a sufficient quantity of tepid water should be gently injected through a flexible catheter. Your manipulations should be cautiously conducted, and if you fail to detect the stone at the first sitting, the operation should be repeated after the lapse of several days. The patient should assume the recumbent posture, with the head and shoulders somewhat elevated, and the thighs flexed upon the pelvis and slightly separated. The presence of the stone having been

positively ascertained, the patient as a general rule, should be put upon a certain degree of preliminary treatment, previous to an operation, and the day preceding this operation a cathartic should always be administered, in order to secure thorough clearance of the lower bowel. In lithotomy, the patient is placed upon the operating table, and when fully under the influence of chloroform, the legs are well flexed upon the thighs, the thighs upon the pelvis and held firmly in position by assistants, the shoulders are slightly raised and the body drawn down until the buttocks project over the edge of the table.

A staff about twelve inches long, having a groove somewhat toward the left side extending from about the middle of the instrument to its extremity, is passed into the bladder, and used as a searcher for the stone, the presence of which having been ascertained, the operation may be proceeded with. It is important that the staff should be of sufficient calibre to distend the urethra well; and it is still more important that it should be confided to one who is intimately conversant with the anatomy of the perineum, and the various steps of the operation. The staff should be firmly held, with the handle inclining somewhat toward the right side, care being taken that it does not press upon the rectum. All the instruments you probably will require should be placed upon a chair by your side within convenient reach. All being in readiness, the operator introduces the index finger of the left hand into the rectum to induce its contraction, and then entering his knife an inch and a quarter above the verge of the anus and just to the left of the median raphé of the perineum, it is carried downward and outwards to a point about equi-distant between the tuber ischii and anal aperture, though somewhat nearer the tuberosity of the ischium than the anus, the length of the incision being about three inches. The point of the left fore-finger is now placed in the upper angle of the wound, and the overlaying structures divided down to the staff, by successive strokes of the knife. Taking the nail of the fore-finger which rests in the groove of the staff as a guide, the urethra is entered and the knife carried on into the bladder, the left lobe of the prostate gland being divided in the direction of its long axis.

The moment the bladder is opened, the left fore-finger is carried into the organ, the staff is withdrawn, and the position of the stone being ascertained, the forceps are passed along the dorsal surface of the finger, and the stone grasped, if possible, in the direction of its long axis, is then extracted by firm traction, and a slow undulating movement from side to side. The various structures divided in the lateral operation of lithotomy are from without inwards—the integument, superficial fascia, the posterior fibres of the accelerator urinæ, the transversus perinei muscle and artery, the deep perineal fascia, the anterior fibers of the levator ani, part of the compressor urethræ, the membranous and prostatic portion of the urethra and part of the prostate gland. After the removal of the stone, the bladder is washed out with luke-warm water, a large syringe being used for the purpose. If hemorrhage ensue, the bleeding vessel should be seized and ligated, or failing in this, the wound must be plugged. These are the main steps of the operation, which to use the words of Sir Henry Thomson, "demands all the skill, self-command and force of a man;" but which, if well understood and cautiously executed, is simple, devoid of danger, and in my opinion, less difficult of performance than the boutonniér operation for stricture.

(The stone was readily detected upon introducing the staff, and this being confided to the charge of Dr. J. H. Brinton, the operator began his incisions, and following the steps of the operation as he has detailed above, succeeded in extracting a phosphatic calculus, which breaking when seized with the forceps, was removed in two fragments. No hemorrhage ensued, and the patient was removed to his bed doing well.—H. W. N.)

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

At a regular meeting of the Society, held February 9, 1870, the Second Censor, Dr. H. W. Elmer, in the chair, presented an essay on

Mammary Abscess,

which subject was adopted for discussion.

Dr. Elmer regarded the affection as annoying to the accoucheur, and causing much anxiety to the patient. His experience with mammary abscess had not been extensive, and it was mainly for the purpose of deriving knowledge on the subject, from the experience and views of the members, that he had chosen the subject. He had been led to regard the cause as due to two circumstances—cold and fissure of the nipple—the latter being much the more frequent of the two. A fissured nipple is more likely to cause a mammary abscess, from the inflammation of the irritated nipple, extending to the gland, especially if the child be permitted to continue nursing, rather than from an over distention of the milk tubules, and coagulation of the milk therein, as proved by the fact that women with still-born children, who secrete milk, rarely suffer from this trouble. A close observation will, in most instances, confirm this assertion. This manner of producing inflammation of the mammary gland was similar to that of an enlarged and inflamed axillary gland arising from an irritated sore on the hand. The

treatment of a mammary abscess ought to be regarded in the same light as that of any other simply inflamed gland—the use of the breast-pump, or the torturing practice of kneading the breast with the hand, or the application of hot fomentations, would only tend to increase the existing irritation of a fissured nipple, and invite a greater flow of blood to the part, and had not proved successful in his, observations. Churchill recommended cold applications to an inflamed breast, and Dr. Elmer thought this treatment, or the local use of anodynes, as lead, water, and laudanum, or belladonna, more in conformity with the ordinary antiphlogistic regimen. If pus formed, it should be evacuated by free incisions—the contents of the abscess not being entirely emptied at one time, so as to allow the walls of the abscess to gradually unite. Dr. Churchill recommended cold water dressing, even in this stage. The child should be withheld from the breast, and the nipple be protected from further irritation. Supporting the gland will afford relief, and when the more acute symptoms have subsided, pressure from adhesive strips will prove of advantage. Tonics, of which Mr. Skey prefers the comp. tinct. cinchon. should be given, with opiates to relieve pain, and nutritious diet, during the suppurative stage.

Dr. Jimenez was of the opinion that the sudden distension of the milk tubules, from a rapid accumulation of milk, was more frequently the cause of a Mammary Abscess than a fissured nipple,the distention acting as the proximate cause, even if the latter condition existed. The treatment should be to empty the gland of the milk.

Dr. P. B. Porter mentioned several interesting cases of mammary abscess coming under his care. He had followed the plan of unloading the breast of the supersecretion of milk, but had not always been successful in checking the abscess. One case was remarkable as not evincing any pain. In this case the breast suppurated, and was incised, leaving subsequently a very large and chronic ulcer.

Dr. Dessau thought the subject admitted of a more extensive division than was under discussion —he supposed the members were confining themselves to the subject of mammary abscess as occuring in the puerperal state. There was another predisposing cause of mammary abscess which had not been mentioned—that was the anatomical formation of the nipple, which being either too short, flat or excavated, or constricted at the base, gave rise to an abscess, either from over distention of the milk reservoirs, the child being unable to grasp the nipple; or from the inflammation extending from the nipple to the breast; the result of decomposed saliva collecting in the groove around the base of the constricted nipple. Prof. Byford of Chicago has given a valuable treatise on these causes of mammary abscess, in his superb work on Diseases of Women. Abscess of the breast arising from cold is more severe and the constitutional symptoms more intense than when the result of simple over-distension of the milk ducts. In this variety the cellular tissue of the gland is the seat of the inflammation, the ducts or acini being involved secondarily. The treatment should be adapted to the cause; if from an irritated fissured nipple, as Dr. Elmer has advised, the antiphlogistic course was preferable, if from simple over distension, relieving this condition would abort the abscess. Mammary abscess produced by cold, should be also treated on antiphlogistic principles. Pressure with the sponge dressing would be most applicable in this variety. Ext. Belladona with equal parts of lard applied to the entire gland, was found to successfully check a mammary abscess arising from cold.

Dr. W. G. Porter said that he had seen a number of cases of threatened mammary abscess successfully aborted by the application of hot cloths, covered with oil silk, and followed by emollient applications. His experience with the use of belladonna had not been uniform; he had given the extract with comp. tinct. cinchonæ internally, but not with entire satisfaction.

Dr. George H. Fox agreed with Dr. Elmer in regarding the inflammation productive of mammary abscess as similar to inflammation of any other gland. He preferred the cold applications and had used them successfully. He had used warm applications, but not with as good result.

Dr. Hand thought there was danger of producing a more serious trouble than that of the mammary inflammation from cold applications to the breast—an inflammation of the lungs or heart was not impossible. He preferred the local use of anodynes.

Dr. Hall thought that the time from the date of the delivery would furnish a guide to a correct diagnosis of cause in this affection. The abscess might then be treated on rational principles. If occurring soon after delivery, a distention of the milk ducts might be regarded as the exciting cause —later on, cold or a fissured nipple, would be a more probable cause. Large doses of quinia had been advised in abscesses of the mamma, arising from over distention of the ducts. He was using the treatment but as yet had obtained no positive result.

Mesenteric Tumor.

Dr. Hall as chairman of a committee to report upon a case of large mesenteric tumor, stated the tumor had been examined microscopically, and decided by the Committee to be tuberculous in character. The patient was at the time of death in the Colored Obstetrical Wards, and had been confined six months before. She was troubled with a cough a few weeks before death, though she had not complained until a few days before death when some

aphonia was noticed. She was in bed only two days. No diagnosis was made before death. An autopsy revealed the lungs filled with miliary tubercle. The heart and its covering were somewhat congested—the pericardium contained over 8oz. of fluid. The mesentery contained a mass of enlarged glands—the largest which is referred to above, being about half the size of the liver. This was found embracing the abdominal vessels, apparently diminishing the calibre of the aorta. There were about two quarts of fluid in the peritoneal cavity.

Dr. Fox presented a report of two fatal cases of

Pelvic Abcess.

One occurring in a man of tuberculous diathesis, spontaneously pointing below the crest of the ilium, at the sacro-iliac junction. The abscess was opened two months before death, and was supposed to be connected with caries of the vertebrae. An autopsy showed the vertebrae not to be involved, but the abscess had dissected down along the iliac fossa, destroying the iliacus muscle, and emerged at the greater sacro-sciatic foramen, terminating posterior to the capsular ligament of the hip joint. The posterior half of the iliac crest was in a necrosed condition—the inner surface of the bone was denuded of periosteum. The other case occurring also in a man, was the result of an injury to the iliac crest received a year previous. A fistulous orifice had existed at the ant. sup. spinous process of the ilium for some time—swelling of the inner portion of the thigh was noticed some weeks before death. The abscess was found in a post-mortem examination to extend back to the vertebrae—it dissected downwards along the inner side of the femoral vessels to the middle third of the thigh. Over the horizontal ramus of the pubis calcareous degeneration of the abscess wall was noticed. No communication with the intestinal canal was discovered.

Syphilitic Ulcer.

Dr. Dessau presented a report of a case of extensive ulceration occurring in a male aged 50 years, who had suffered from syphilis for three years. The ulceration appeared upon the site of a former suppurating bubo, nearly a year after the bubo had healed. The patient at the time of his entrance to hospital was much depressed—he had previously indulged to excess in dissipation. The ulcer spread rapidly, attacking the cellular tissue first, and the skin last, leaving a jagged, overhanging border on its upper portion, while below, the ulcer appeared to be healing. It had existed nine months before his entrance to this house. When first seen it presented the outlines as roughly denoted in the plate.

He remained under treatment, gradually improving, for three months, when he rapidly sank, and died from an exhaustive diarrhœa. His treatment was that of constitutional syphilis. The case

was presented as perhaps interesting from the extensive character of the ulcer; many of our older surgeons who saw the case, having remarked that it was the most extensive which had come under their observation.

CINCINNATI ACADEMY OF MEDICINE.

REPORTED BY DR. HADLOCK FOR THE MED. AND SURG. REPORTER.

Meeting of December.

Hypodermic Injections.

Dr. Patton remarked that he had had both pleasant and unpleasant experience in the use of hypodermic injections, but upon the whole he was in favor of them; that errors in their administration should not be urged against this system of medication. He recommended that the solutions be made from freshly distilled water and carefully filtered, and as concentrated as possible, as it may be laid down as a general rule, the smaller the quantity the less irritation. A solution of morphia may be made thirty-two grains to the ounce. Also, the needle should be cleaned and passed into the connective tissue entirely clear of the derma. The skin should be well pinched up from the periphery of the part, made tense, and the needle passed in perpendicular to it; by then relaxing the skin the needle glides into the connective tissue. Further, after using the syringe the wire should always be passed into the needle and allowed to remain there till used again. If these apparently trivial matters were more observed, we should hear by far less

complaint and condemnation of this valuable method of treatment. Relative to the other portion of Dr. STEVENS' able report—that discussing the recent system of inhalation of atomized fluids, I may be permitted to state that I have had some experience with it, and regard it, too, as a valuable adjunct in the treatment of many diseases.

In illustration I will very briefly report a case: That of an old gentleman 71 years of age, and of a general hemorrhagic tendency. He informed me that from youth up he had frequent bleedings; that a trifling cut or wound would bleed much longer than in an ordinary individual. In 1860 he had alarming epistaxis, which was eventually controlled by a physician of this city injecting into the anterior nares, in various directions, a saturated solution of some kind (probably the persulphate of iron). Several months later I attended him in another attack, which was arrested, after all other means had failed, by plugging the posterior nares. Four years ago he had hæmoptysis, recurring suddenly in the night while apparently in health. He expectorated, or rather hawked up within an hour over a pint of fluid florid blood, without pain, fever, dyspnœa, or severe coughing; symptoms indicating that the source of the hemorrhage was from a point not lower down than the trachea. This attack gradually subsided within 48 hours under the use of iron, lead, and opium. Last spring the hæmoptysis recurred again, not so copiously as in the first instance, but attended with fever, severe coughing, dyspnœa, pain, and the expectoration of viscid, frothy, florid sputa, indicating that the source of the discharge was from some point well down within the lungs. I resorted to inhalation by a modified single apparatus, using 10 drops of the muriated tincture of iron to the ounce of water. The hemorrhage ceased with the first inhalation of 10 minutes duration, except that during several succeeding hours he spat up a small amount of tenaceous, dark, rusty colored matter; no other treatment was employed.

Several days ago I was very much gratified—that is in a professional sense—on being called again to this same party in another attack. The treatment by the atomized solution was attended with the same prompt and happy results as in the former instance. And I must say that I was forcibly impressed by its rapidity and directness in contrast with the old, slow and indirect system of medication. As there may be scepticism with some, relative to inhaled minute liquid particles really penetrating the minute bronchioles and air vesicles, I will state that this has been proven.

It has long been known that medicated solutions reached by breathing as low down as the inferior portion of the trachea. The most notable example which I can now recall to mind was that of an attendant in the Hopital Beaujon, who had a tracheal fistula, the result of a former tracheotomy. She breathed through a canula; she was requested to inhale a solution of tannin. Thereafter a piece of lint, wet with a solution of iron was passed through the canula into the trachea. Upon removing it, it presented a well marked reaction of tannin.

You are of course aware, Mr. President, that men who are workers in stone and metals, in confined spaces, have their sputa more or less charged with the fine dust of these substances. Lewin confined small animals in an atmosphere filled with fine particles of coal. On killing them, the coal dust was found throughout every portion of their lungs.

Subsequently the lungs of deceased foundrymen, colliers, stokers, etc., were critically examined. The microscope and chemistry both revealed the presence of minute particles of stone and metal, not only throughout the minute bronchi and air vesicles, but even in the lung tissue itself, their acuminated form enabling them to penetrate it.

It now being known and admitted that minute *solid* particles reached every portion of the respiratory apparatus, it was surely rational to suppose that minute *liquid* particles would likewise reach the same localities, and experiment conclusively proved it.

DEMARQUAY, first upon the lower animals, fully demonstrated the penetration of liquid medicated atoms to the whole respiratory surface. It yet remained, however, to prove it in the case of man, and it was not long until the opportunity was afforded.

Prof. ZDEKAUER, of St. Petersburg, treated a case of hæmoptysis, *in extremis*, by the inhalation of the muriated tincture of iron, the man succumbed soon afterwards. The autopsy revealed the presence of the iron in the coagula and a larger proportion than normal in the lung tissue.

Again: at Freirich's clinic, a man with phthisis was similarly treated. Death supervened the next day. The *post mortem* here likewise showed small quantities of iron in the uncombined state in the dark fluid and coagula in various portions of the lungs. To be successful in the use of inhalation requires considerable pains-taking, attention to minutiæ and perseverance on the part of the medical attendant. As far as possible they should receive his personal supervision. Attention to the position of the patient; the proper manner of breathing; keeping the tongue in proper position; temperature and force of the spray; distance from the vaporizing tubes, etc., etc., are all important, and should not be entrusted wholly to the inhaler. There is another little matter of the first importance, that the extremities of the tubes be as capillary as possible, for the smaller the tubes, the finer the spray; and the finer the spray the deeper the penetration. There are many minor details to keep in view in practicing inhalation, which may be found in the books on this subject, among the best of which is that of Emil Siegel, the most prominent advocate of the system.

Editorial Department.

Periscope.

Rupture and Abscess of the Uterus.

Dr. Grenser, in the *Monatsschrift fur Gebrertskunde*, 1869, gives a report of the Dresden Lying-in Hospital, in which two cases of rupture of the uterus in which cephalotripsy was restored to after turning. In one the patient had previously undergone two hard labors. The true conjugate was 2″ 8‴. The head presented. After forty-eight hours labor, severe pain was felt in the belly, and the head was no longer felt above the brim. A rent 3″ long was felt in the posterior wall of the uterus. The child was brought down by turning, and the cephalotryptor applied. The placenta, which had escaped into the abdominal cavity was removed. Hæmorrhage great. Patient died two days afterward with severe peritonitis. The uterine walls near junction of body and cervix were extremely thin. The rent ran longitudinally. *Second case.*—A rachitic woman had previously been delivered by perforation and forceps. The conjugate measured 2″ 6‴. Labor very slow; head movable on brim. In the midst of considerable pain the uterine contraction ceased, and the head was higher above the brim. A rent was felt to the right posteriorly, running from the body of the uterus through the neck to the vagina. Turning, extraction, and cephalotripsy were resorted to. Hæmorrhage great. Peritonitis set in immediately, and destroyed the patient on the second day. Here, also, on section, a remarkable thinning of the womb at the site of laceration was found.

Dr. Hennig in the same journal reports a case of abscess of the uterus, an organ little disposed to this affection. A woman recovered very slowly after her second labor; and after the third and last, had a severe hæmorrhage. This was followed by secondary hæmorrhage. Injection of vinegar or perchloride of iron always stopped it but it returned. The uterus was low in the pelvis and fixed. Syncope repeatedly occurred, so that transfusion was resorted to. Blood, whipped and filtered, was used, but very little could be thrown into the veins. The patient died three hours later. A fibrinous clot was found in the vena cava, filling the right auricle, in which was also a loose thrombus, probably an embolus from the uterine vein. The fibrinous clot extended into the pulmonary arteries. In the right median vein, close to the point of puncture, and nearly filling the calibre, was a firm clot, extending to the basilic. This head, no doubt, hindered the transfusion. The lungs were œdematous. The uterus was fixed at the left to the pelvic wall. A little above the os uteri were two openings; the larger was the uterine cavity, the smaller led to the left into the cavity of an *abscessus gangrenosus parametriticus*. A bit of decomposing matter, resembling placenta adhered. In a branch of the much distended left uterine vein, which ran close to the cavity of the abscess, was an old decomposing thrombus, from which a portion had become detatched, and become arrested in the right auricle, and had given rise to the sense of oppression felt during life. The author traced the cause of the process to the penultimate labor.

Spondylolisthesis.

Dr. Ender relates a case of this complaint in a woman of 31. (*Monatsschrift für Gebrertskunde*, 1869.) She looked well formed, but had, however, overhanging belly in an extreme degree. The promontory could be reached by two fingers. The external conjugate measured 7½″; and in taking this the peculiar abnormality was discovered, for the sacrum projected strongly backwards, whilst immediately over it, the lumbar vertebræ were pushed forwards. The woman said that two years before she had, whilst lifting a heavy basket, suddenly felt severe pain in the sacrum, which gradually subsided in fourteen days. The basket is the "hotte," or, in German, "tragkorb." In using it the person stoops as much as possible, so as to get the shoulder straps over the shoulder, and then has to rise with the burden. During this act probably the vertebra slipped forward at a spot previously diseased. Labor at term was waited for. The cervix dilated slowly. The head was felt with difficulty. After fifty hours the forceps was applied with great difficulty; strong traction was used, but no advance followed. The head was then perforated. The child was then extracted. Fever set in after a few days. On the twenty-third day, on making an examination, suddenly a stream of pus escaped from the vagina. The patient died of irritative fever on the thirtieth day.

There was complete spondylolisthesis. The last lumbar vertebra had slipped down from the upper sacral vertebra about three inches forwards; the lumbar spinal column was a little rotated, so that the right portion of the projecting anterior edge of the fifth lumbar vertebra was lower than the left. The lumbar vertebræ projected strongly into the pelvic cavity. No intervertebral cartilage could be discovered. The cause had obviously been a caries of the surfaces of the bones.

Reviews and Book Notices.

NOTES ON BOOKS.

The annual report of the New York Orthopedic Dispensary, 1299 Broadway, shows that instuittion in a prosperous condition. One hundred and eighty nine cases were treated during the year 1869, and the particulars of several of them are mentioned in the report.

The catalogue of the Jefferson Medical College for the session 1869-70 shows a total of 435 matriculants. Somewhat more than one-half this number are from Pennsylvania, the remainder chiefly from the south and west.

The "Address delivered before the St. Clair and Sanilac Co. Med. Soc.," Michigan, by the retiring president, John T. Travers, M. R. C. S., is published at Port Huron, Michigan. We quote one passage pregnant with meaning: "I think I may with safety say, that their (irregulars) success is owing to the great ignorance of our people on medical subjects, and that the more we enlighten the public, and give them true information, the less popular will all forms of quackery become." These are golden words. Dr. M. K. Taylor, U. S. A., contributes an interesting case of poisoning by bin-iodide of mercury, which we shall take occasion to refer to at a future time.

The *Bowdoin Scientific Review* has been started at Brunswick, Maine, by Prof. Brackett and Goodall, Professors in the medical department of Bowdoin College. It is fortnightly, the subscription price being $2.00. It opens with an article on Chloral Hydrate. The whole of it is selected.

BOOK NOTICES.

Proceedings of the American Pharmaceutical Association, at the sixteenth annual meeting held in Chicago, Ills., Sept. 1869. Philadelphia, 1870, 1 vol. 8vo paper, pp. 468.

So many of the reports of societies consist of a quantity of tedious minutes, a florid and empty "address by the president," and a few hastily written and largely second-hand "reports of committees," that it is really refreshing to meet one which is worth studying and keeping. This compliment is eminently due the volume before us, and indeed, all the series of which it is one. The American Pharmaceutical Association make this annual report a storehouse of information, which every druggist in the United States would find it greatly to his advantage to have and spend his leisure hours in studying. It gives in compact and clear language the progress of pharmaceutical science during the previous year; and no other epitome gives this so well.

The present volume has a number of special and volunteer reports and essays, among which, as of especial interests to physicians we mention one on extract of conium, on masking the taste of epsom salts, on preparations of lactuca canadensis, on oxalate of iron, on compound elixir taraxacum, and on collodion.

The volume can be had of the secretary, John M. Maisch, 1607 Ridge Avenue, Philadelphia.

The Journal of the Gynaecological Society of Boston. A monthly journal devoted to the advancement of the knowledge of the Diseases of Women. Edited by Winslow Lewis, M. D., Horatio R. Storer, M. D., and Geo. H. Bixby, M. D. Vol. I. July to December, 1869. Boston; James Campbell, publisher. Cloth; pp. 386.

We have at various times called attention to this enterprising journal. It is edited by active, thinking, and liberal men, and published in a style which will command the approbation of all critics. The half year forms a volume replete with instruction, and one that is worth much more than the money it costs, to every physician who has much to do with diseases of women. We hope many of them will provide themselves with it.

The Physiology of man; designed to represent the existing state of physiological science as applied to the functions of the human body. By Austin Flint, Jr., M. D. Secretion; excretion; ductless glands; nutrition; animal heat; movements; voice and speech. New York; D. Appleton & Co. 1870. 1 vol., 8vo., cloth. pp, 526. For sale by J. B. Lippincott & Co.

This is the third volume of Dr. Flint's physiology. Nearly three years have elapsed since the publication of the second volume and we had almost begun to fear that in the crowded days of a practising physician and teacher, he had lost sight of this great enterprise. But this volume shows not only its continuance, but a thorough and extensive study of the most recent authors and a careful experimentation.

The article on the functions of the liver is the most complete which can be anywhere found. Here Professor Flint is peculiarly at home: his own brilliant series of experiments being well known to all physiologists. At the commencement of the chapter on nutrition he discusses the question of life or "vital force;" or more properly, he avoids discussing it on the ground that it is too complex a phenomenon to be embraced in "a single comprehensive definition." He seems in his remarks on this topic to be less precise in language than elsewhere, and to confound *life*, a general physical fact, with life as applied to individual organisms, synonymous with *personality*. Another unfortunate choice of expression is to call the elements and chemical substances which make up the organism, such as water, the chlorides, etc., *principles*, as in the phrases "principles consumed by the organism." The objection to this loose phraseology is evident when the sentence just quoted is contrasted with one a page or two previous: "life seems to be a principle giving the property of appropriating matter from without."

In view of the frequent references to quite recent authorities, we are surprised that nothing is said of the hematopoietic functions of the marrow. These oversights, however, militate little against the general value of the work, and it is unquestionably the most comprehensive physiological treatise yet written in this country.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 5, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

RESPONSIBILITIES OF MEDICAL EXAMINERS.

We have more than once called attention to the culpably careless manner in which medical examinations for life insurance are frequently conducted, and exposed the collusion tacit or expressed which exists between some agents and examiners; and also the ignorance which is displayed even by chief medical officers in some instances.

One fact proves conclusively how timely our warnings were. It is the marked and alarming increase of mortality among insured lives. The reports of 1869, will show an average mortality higher than ever before, and in some companies it will be very noticeable. What are the causes of this increased mortality? 1869 has not been furrowed by war, pestilence or famine; on the contrary, the bountiful crops the general prosperity, the elements that make the bodies of men healthy and their minds serene, were never, on the average, more wide spread than at the present moment; and among the causes of this increased mortality, the mind of the enquirer will suggest with emphasis the fact that, an undue proportion of unsound lives has been put upon the companies, and the medical examiners must give answer to the stern demand HOW CAME THEY THERE?

Physicians should understand that they take a responsiblity of a very grave character upon themselves when they examine a risk. To illustrate this we shall extract from the *Insurance Monitor* some facts relating to the recent suit of the Manhattan Life Insurance against Doctor Robert White, of Boston, to recover $10,000 which was paid him by the company upon life policies issued upon Edward Delaney. These policies were issued in 1863, and were shortly after assigned to Dr, White. About two years after this Delaney died and the money due on these policies was paid to Dr. White. There were other Policies to the amount of $10,000 issued by another company and assigned to Dr White. The ground upon which the plaintives sought to recover back this money was that fraudulent representations were made by Delaney in his application for life insurance, and that these representations were made with the knowledge and participation of Dr. White. In answer to the questions in the application, Delany stated that he was a native of Ireland, was 28 years of age, that he lived in North street, where he kept a saloon. In answer to the question whether he had an habitual

cough, he gave a negative answer, and to the question whether he was accustomed to drink liquor, that "he took a drink occasionally but was strictly sober." The principal grounds upon which it was contended by the company that these representations were false were that he had had an habitual cough, had raised blood, and exhibited other marks of consumption, and was habitually intemperate.

The plaintiffs called a number of witnesses upon this point, including the wife of Delaney and her two sisters, and the representations of Delaney and the defendant White, in writing, were put in. On the other hand the defendant called an equal number of witnesses, who testified that they knew Delaney well, and were accustomed to see him consantly, and that he had no habitual cough and was not intemperate.

The case occupied seven days in trial, and was finally decided in favor of the company, to whom a verdict of $12,175.01 was given, being the full amount with interest.

Though this may be a case with some aggravated features, it is vain to deny but that the competition of companies, the solicitations of agents, and the temptation of sharing premiums, or the fear of offending individuals, frequently leads to a less conscientious examination than should be the case. The plan of classifying risks when properly carried out, would accommodate all and imperil none, and doubtless would be better for all in the long run. In the meanwhile we urge the most uncompromising impartiality in examinations on all physicians.

Notes and Comments.

A Quack well Served.

A certain town in Georgia was recently visited, as country towns are apt to be, by a traveling quack, who covered the fences with his posters, and took up two columns of the village paper with his boasts and his promises. There were but two regular physicians in the town, and after they had borne this long enough, they put an advertisement in the paper likewise, over both their names, quoting that article (Art. 1, Sec. 3,) of the code of Ethics, which forbids professional advertising, and going on to say "So universal is the sentiment of the medical profession on this point, *all over the world*, that no man who has ever been a physician will violate it until he has reached a degree of moral and professional degradation that will prompt him to practice any deception or dishonesty he may consider necessary to his pecuniary success. But the fact to which we wish prominently to direct attention is, that nine-tenths of these persons have no connection with the medical profession and have no authority to practice; and instead of being the *great lights* which they proclaim themselves, are the wildest adventurers, ignorant alike of the science of medicine and the laws which govern the profession. Their very presence is an insult to the intelligence of the community. We profess to know the standard by which scientific men are distinguished from impostors; and emphatically assert our ability to prove the whole herd of advertising quacks who pass this way to be without character in in any locality, and without authority to practice medicine or surgery. If they can be induced to show a diploma we will prove it a forgery, or that the faculty that granted it repudiates and disowns the person for dishonesty and incompetency. For every failure to establish one or all of these points we agree to pay the town commissioners $100.

"The impudent impostor now at the hotel in this village, seeking to frighten delicate and nervous ladies into acceptance of his treatment *and terms*, and sending to the decrepit, reckless assurance, known by every surgeon of sense and honesty to be unwarrantable, is no exception to the above statements."

This eminently proper course had the desired effect, the "distinguished professor" leaving by the night train, for fear he should be arrested as obtaining money under false pretenses.

We quote this example as a good one, which if imitated will rid country districts of these impostors.

Statistics of Tracheotomy.

A correspondent in Indiana calls attention to the value of a statistical synopsis of operations on the trachea, and hopes that a complete one will be prepared by some competent hand. There was about two years ago a very good one published in the Transactions of the Medical Society of his State, but, doubtless, it could now be considerably amplified.

Dr. H. Lenox Hodge commences his course of lectures on regional anatomy at his rooms in Chant street, in April. They will be found of great use to students.

Lady Doctors in Sweden.

The Swedish Government is going to establish a Medical College at Gothenburg, where ladies of the age of seventeen and upwards may go through a complete course of study, lasting three years, and including clinical and anatomical lectures. The diplomas obtainable in consequence will give them the right to practice as physicians in any part of the kingdom.

CORRESPONDENCE.

DOMESTIC.

Consanguine Marriages.

EDS. MED. AND SURG. REPORTER:—In looking over a back number of the REPORTER, I noticed an article by Dr. ALEXANDER, intended as a reply to me on consanguine reproduction. Thus a few words touching his position may not be out of place: He asserts that four cases have come to his knowledge where cousins married, and general imperfection of the progeny he claims as the result; all being idiots, or but little above it; and a large portion occupied "premature graves." In what manner these extraordinary cases came to his knowledge, he did not state; but probably, as *similar* cases came to my knowledge, in which a personal examination proved that the parents were *not* relative. A thorough examination in his cases may prove the same thing. There are *always* other good reasons for such imperfection. As the general impression has been, that such results necessarily follow consanguine reproduction, it is proper to receive such reports with extreme caution.

The Dr. not only admits my position, which has been heretofore denied in regard to fruitfulness, but he avoids an attempt to refute my position, as regards the author of the universe, having established the *necessity* for consanguine reproduction. I hope he may yet make a thorough examination in his reported case, when he will see the impropriety of his present position. In regard to stock, he states that "*it has been found*" that numerous imperfections there exist from the same cause, which is a mere repetition of previous generations, without a sustaining fact. "Sheep die with rot, and fowls with gapes." Why not as well say that men die with small-pox, and women with gasps.

Again he seems to come to the same erroneous conclusion in regard to the vegetable kingdom, and minus of proof; that grain cannot be successfully cultivated on the same ground for many years without changing the seed; and that agriculturists and horticulturists will doubtless sustain him in this position, which I claim the intelligent cannot, and will not do; for reason and experience teaches that proper capacity, good seed, and nutrient soil, are all that is required to perpetuate the kind. If the farmer will give the grain or vegetable just what it requires for food, he will receive in return just what *he* requires; but if the nutrition is withheld, then we must suffer the loss. My father raised for very many years the best corn in the country, on the same piece of ground, by giving it proper food and care.

New York City. D. L. D. SHELDON.

Hydrangea in Calculus.

EDS. MED. AND SURG. REPORTER:

I send you note of a case which may interest your readers.

Case.—J. R——; age 38; general health good; has suffered for several years from pain in the prostatic portion of urethra, which is tender to the touch, but slightly swollen; has a muco-purulent discharge from urethra, constant, but at times more considerable than at others; micturation impeded, frequent, often urgent. Says the pain was at one time nearer the bladder, but has gradually reached its present seat. Gives a history of symptoms previous to the beginning of present ones, which would indicate stone diagnosis. Suspected calculus. Treatment: gave Hydrangea (fluid extract) two drachms; Buchu (fluid extract) one drachm, in three doses during the day; to test their effects in relieving urethral and vesical irritation.

Result. Three days after prescription, patient stated that during micturition heard something fall upon the zinc lining of the trough used by the men. Searched and found something which he showed me. It was a calculus seven-eighths of an inch in length and nearly one-quarter of an inch in diameter, closely resembling a minute Indian arrow-head. Patient thought it was a piece of bone. It consisted of a nucleus harder than the periphery, and at the extremities rounded off. The external portion resembled the mulberry calculus formation. Patient was overjoyed upon learning what it was, especially as he was now free from all his former difficulties. Would not surrender his "stone," but carried it off as a trophy, and has not failed, as I hear, to expatiate on his, as he considers it, wonderful cure, especially as he has several times been under treatment for his trouble but had obtained no relief.

J. C. DOWNING, M. D.

Woppington Falls, N. Y.

Relapsing Fever.

EDS. MED. AND SURG. REPORTER:

The New York papers mention a new character of fever, supposed to be introduced from Europe. Being confined to the poorer classes in crowded and badly ventilated apartments, the public will naturally conclude that the more salubrious parts of the city will escape its ravages.

The history of epidemics shows that sometimes malignant diseases will spread universally through a city and the surrounding country from just such a nucleus as may now exist in the locality referred to. If the disease is the result of a general *epidemic influence*, it will be likely to extend. That it is epidemic in England we are informed, and its spread from those who were its victims on board the ship to residents of New York, would indicate an epidemic character here.

Relapsing fever has been known in European

cities for many years. Those who commenced practice prior to 1840, will remember that in 1838, a severe form of fever prevailed all through the Mississippi valley. Even here, in an elevated and most salubrious region of country, it is stated that in a population of 2,000, 100 died in Knoxville alone. The disease was remittent or intermittent, and modified in type and malignancy by causes existing in different localities.

The scene of my own observations, at the time, was in a malarious district about forty miles directly north from Detroit, Michigan. In 1838 and '39 the type was decidedly intermittent. In 1844 and '45 the fevers began to be more decidedly malignant; and in many instances presented the phenomena described as relapsing fever. At the first attack, and during a period of from ten to fourteen days, the appearances were those of ordinary periodic fever. Generally, on or about the 14th day, there was a favorable change, and convalescence seemed to commence. But to our surprise, in many cases, a most unexpected relapse would occur. The patient was suddenly taken with a chill, and soon became insensible. The countenance was bronzed, the breathing sonorous and slow. Puise, soft, infrequent,and sluggish. Tongue rapidly took on a dark, dry, and crusty coat. Generally the patient could be aroused so as to respond in monosyllables, with a guttural, grunting sound, and show signs of impatience on being disturbed. There did not seem to be undue cerebral determination or congestion, but a functional disturbance or suspension of nervous energy. This state of things continued till death or unexpected recovery ensued.

Convalescence in favorable cases was slow, and attended with occasional relapses of simple intermittent. In fatal cases death seemed a result of prostration and exhaustion.

At the time I was a subscriber to the *Medico-Chirurgical Review*, and the number for July, 1844, came to hand while the disease was at its height. On page 59,I found a description by Dr. CORMACK'S of an epidemic form then, prevailing in Edinburgh, in which relapses formed an important characteristic feature. I was impressed with the similarity, and have never since seen anything like it. In some localities, or neighborhoods, whole families were prostrated, particularly in the vicinity of mill ponds, marshes, and bottom lands along the streams.

As throwing some light upon the special pathology of the disease, I will mention the post mortem examination in the case of a middle-aged Scotchman, who died suddenly and unexpectedly, when supposed to be convalescent. There was enlargement of the spleen, congestion of the liver, and in the right ventricle of the heart was a firm, fibrinous clot, which had partially passed into the pulmonary artery. It may be added that in many cases, profuse sweating attended the worst cases, during the stage of collapse.

I have at different times reported descriptions of the fevers which prevailed under my observation, from 1838 to 1848. They may be found under Epidemics of Michigan, in Trans. Am. Med. Association, 1857 or 58. In *N. Western Medical and Surgical Journal*, for February, 1853, and Transactions of Ill. State Med. Society, for 1857.

AITKEN describes relapsing fever very fully, and mentions its prevalence in the United States in 1847 and '48.

He quotes Dr. CORMACK among others as authority. The above reflections were suggested, while calling to mind scenes which transpired long ago, but still fresh in memory, from the strong impression made upon my mind, by being called upon to treat so severe a form of disease, while just commencing practice. F. K. BAILEY, M. D.

Knoxville, Tenn., Feb. 1870.

NEWS AND MISCELLANY.

India Rubber Nursing Tubes a Cause of Sore Mouth.

A correspondent writes the *Scientific American*, that he has found the India rubber tube, so generally used upon nursing bottles, to be a cause of sore mouth in children, and describes a case where rapid recovery from a long and severe attack of sore mouth and throat in a nursing child resulted from the removal of the rubber tubes. He also calls attention to an extract from an English paper, which corroborates the opinion that such tubes are a source of sore mouth and throat in nursing children.

Aqua Chlorini in Trichinitis.

During the late epidemic of trichinitis in Hildesheim, Germany, one of the physicians, taking the symptoms of his three first patients for cholerine, prescribed concentrated *Aq chlorinii*, and noticed rapid subsidence of the colicky pains. He continued this remedy even after observing the mistake, and succeeded with it fully in fourteen cases, five of which were of the highest grade, by giving at first, every third hour, two teaspoonfuls, and when the catarrh of the stomach had gradually subsided, one teaspoonful, and a draught of water to be taken five or ten minutes after the dose.

Veterinary Hospital.

The Horse Hospital attached to the New York Fire Department has been established for over three years. Previous to November 1866, the sick horses were treated by private veterinary surgeons, and at much greater expense than under the present plan. The sick and disabled horses are brought to the hospital for treatment and their

places are supplied by the extra horses kept for that purpose. The ground floor of the hospital building contains seventeen stalls, two being box stalls, two having dirt floors for horses with tender feet, and the remainder being the ordinary open stalls. On the second floor are the feed room and the surgeon's laboratory with an ample supply of remedies, and on the third floor are the sleeping rooms of the stable men. The veterinary surgeon visits every engine house once a week, and either prescribes for the horses or orders them to the hospital. In case of horses being taken ill, the fact is reported at the hospital and a spare animal is sent to take the place of the disabled horse. The New York Fire Department owns in the aggregate 160 horses, all over 16 hands high, strong, sound, docile, and able to trot a mile in four minutes. In going to a fire running is not permitted, the prescribed gait being a four minute trot and a walk on the way home. The principal diseases treated in the hospital are tender feet, bad legs, colds, and cholics.

Death from Chloroform.

A lady died in New York, last December, from the inhalation of chloroform. The jury found that her death was caused by inhaling chloroform to relieve headache. People cannot be too earnestly cautioned against the use of this dangerous drug unless under professional direction and administration; even then deaths are of not unfrequent occurrence in hospital practice.

——The Red Wing, Minnesota *Argus*, says that out at Pine Island, there is an interesting item for the medicos. A pair of twins, one white and the other black. The mother is white.

QUERIES AND REPLIES.

Tinct. Calabar Bean.

Dr. R. A. C., of Texas.—"What proportion of Calabar bean is used in making the tincture, and what is the dose?

REPLY.—Eight grains of the extract to an ounce of alcohol, make the tincture. Dose is ten minims.

Reply to C. C. M. No. 676, p. 144.

Dr. J. de B., of Pa., send these prescriptions:

℞. Tinct. cinchonæ comp., ℥iv.
Acidi nitro-muriat., ℥ij. M.
S. Teaspoonful three times a day in a little water.

Or,

℞. Acidi sulphurici aromat., ℥j.
Quiniæ sulph., ℥ss. M.
S. Fifteen drops three times a day in water.

For the liver.

℞. Podophyllin,
Leptandrin, aa. grs. ss. to grs. ij. every night.

[This latter prescription seems to us "massive." We have repeatedly known one-fourth of a grain of podophyllin to purge severely.—EDS.]

Ozœna.

MESSRS. EDITORS:—In answer to "Queries," with regard to the treatment of Ozœna, I would say that I have treated a large number of cases within the last two years without a failure thus far, by the use of "Thudichum Nasal Douche" apparatus. Using as medicaments first, solutions of Chloride of Sodium, one or two ounces to the pint, for the purpose of cleansing the nasal cavities. Then solutions of alumen, half an ounce to an ounce to the quart of water, winding up the treatment at each sitting by solutions of Permanganate of Potassa, when there is fetor.

I attach great importance to a liberal use of the Chloride of Sodium solution, not unfrequently running four gallons through the patient's nostrils at a sitting.

Respectfully, C. R. J. KELLAM, M. D.
North Haverhill, N. H.

MESSRS. EDITORS:—Are there any manufacturers of the Sulph. Carbolates of Zinc and Sodium in the U. S.? Can they be had in your city or New York?

Is there a later edition of Tyler Smith on Parturition than 1849? If not, is there any similar work of recent date?

We want a point to a glass Hypodermic syringe. Ours is so large that it bends upon introduction. Can you send it? If so, by mail or how? And do you require the old point to have it made similar? It is the longest straight point in the syringe.

Texas. R. D. M. & Co.

REPLY.—We think we can get you some sulpho-carbolates, but we know of no manufactory in this country. Smith on parturition was republished in 1863. There are many other works on the same topic. Send your syringe by mail and we will change the point. Our agency will attend to it for you.

MARRIED.

BARTON—DIMICK.—In Sharon, Vt., February 5th, by Rev. G. H. White, Dr. Rufus T. Barton, of Ludlow, and Miss Emily F. Dimick, of Sharon.

TIPPLE—HICKLEY.—On the 15th ult., in Altoona, Pa., by the Rev. R. M. Wallace, Dr. Robert Douglas Tipple, of Bellefonte, Pa., and Miss Susan Hickley, of Unionville, Pa.

VANKIRK—FARRAND.—February 17, at the residence of the bride's father, by Rev. J. H. Conkle, of Elizabeth, assisted by Rev. A. J. Lane, B. H. Vankirk, M. D., of West Newton, Pa., and Miss Minnie Farrand, of Elkton, Ohio.

DIED.

COLE.—At Burlington, N. J., Feb. 23d, Rebecca, youngest daughter of the late Dr. N. W. and Rebecca Cole.

METEOROLOGY.

FEB.	14,	15,	16,	17,	18,	19,	20.
Wind.....	S. E.	N. E.	S. W.	S. W.	S. E.	N. W.	S.
Weather.	Cl'dy Rain.	Cl'dy Rain.	Clear	Clear	Cl'dy Rain.	Clear	Cl'dy Rain. Snow
Depth Rain	8-10	7-10			7-10		1-10
Thermom....							
Minimum..	23°	38°	29°	30°	40°	25°	28°
At 8, A. M.	30	43	34	33	51	29	32
At 12, M...	36	48	40	48	57	31	48
At 3, P. M.	35	47	41	48	56	34	46
Mean.....	31.	44.	36.	39.75	51.	29.75	38.50
Barometer..							
At 12, M...	29.8	29.9	30.2	30.2	29.6	29.9	30.1

Germantown, Pa. B. J. LEEDOM.

THE

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Original Department.

Communications.

VERSION.

BY CHARLES C. HILDRETH, M. D.

Read before the Muskingum Co. Ohio Medical Society, Feb. 3, 1870.

Your Committee on Obstetrics would beg leave to direct your attention for a few moments to the subject of version. Passing by the origin, history, and literature of this operation, we will refer only to its practical application. The rationale of the operation, may be said to be, to convert an unnatural or mal-presentation, into one more safe and natural.

It is acknowledged by good authors, that the presentation of the vertex, occurs in nine cases out of ten; and hence, may be said to constitute the standard of natural labor. All deviations from this standard may be said to be unnatural; and may more or less endanger the life of the mother, or child. Version in modern times, has been divided into two methods, viz: turning by the head, and turning by the feet; called the cephalic, and podalic. Each method has its advantages and disadvantages; and hence, requires knowledge and skill in its application. The cephalic is by far the safest operation, both to mother and child. It may also be said to be more easily performed, in cases when the liquor amnii is abundant, and the uterine contractions not too violent and continuous. In turning by the feet, Churchill's tables show a mortality to the child, of one-third. In shoulder presentations, in which turning by the feet was instituted, Dr. Lee's tables show a mortality to the mother, of one in ten, from rupture of the uterus, or consequent inflammation of that organ. No such fatality follows cephalic version. When cephalic version is performed under the most favorable circumstances, the mortality from it, to either mother or child, is very little in excess of the most natural labor.

The following principles should guide us in the selection of the method most applicable to any given case. Turning by the feet being the most prompt and rapid method, yet discovered, of evacuating the contents of the uterus, should be selected in cases in which time is all important; viz, in cases of alarming hemorrhage from placenta previa; in cases of concealed accidental hemorrhage; in cases of rupture of the uterus; in cases of great exhaustion combined with inefficient pains; in cases of puerperal convulsions, where the forceps cannot be applied; and in all other cases, where version is demanded, and the cephalic method cannot be practiced.

The cephalic method, should be selected in all presentations of the head, except the vertex; in shoulder presentations, where practicable; in presentations of any portion of the child above the funis, except the vertex; and in cases in which time is not an important element in the delivery. In primiparæ, for obvious reasons, the cephalic method is by far the safest for the child. With a large and roomy pelvis, in a multipara, version by the feet is often safe and easy, if uterine contractions are not too violent. Passing the hand into the uterus, and expanding it over the back or abdomen of the child, and then by gentle lateral pressure, rotating the body upon the long axis; is often a very valuable expedient in preparation for turning. By this process we may bring the feet in the best possible position to grasp; or in a shoulder case, by rotating the body backward to the right or left, (to correspond with the arm presented); we may re-

turn the arm into the uterine cavity, when other means fail. Rotating the child upon the long axis in a shoulder case, of course relieves the head from its impacted position in the iliac fossa, and renders cephalic version much easier to the operator. To determine which arm presents, and the exact position of the head, and breech in a shoulder case, (that version may be performed intelligently) we will grasp the head of the child with that with which it corresponds, in the act of "shaking hands." We will then find our right, to right; or left, to left hand of the child.

If the right arm of the child presents with its back in front, the head will be found in the left iliac fossa, and the breech on the right side of the mother. If the left arm presents, the back in front; the head will be found in the right iliac fossa, and the breech on the left side of the mother. The touch, palpation, the sound of the fœtal heart, and the general outlines of the uterus, may serve to confirm our diagnosis. These means alone, in fact in the hands of the skillful accoucheur of modern times, are amply sufficient to tell him, the exact position of the child; and the presentation to be expected, long before the commencement of labor. The general principles of version having been stated, let us now refer to the different methods for its performance, advised by the authorities.

1. *Of Cephalic Version.*—The ancients tried to accomplish cephalic version, by external pressure above; and of course, with but indifferent success. It was not until the times of Prof. Flament, of Strasburg, and of Wiegand, that the external and internal application of force in producing version, was combined in a rational and scientific manner. Braxton Hicks in the last decade, proposed to introduce one hand into the pelvis, raise the shoulder above the superior strait, retain it there, until with the other, applied internally, the head is forced into the pelvic cavity.

Prof. M. B. Wright, of Cincinnati, both by his writings and lectures, has perhaps done more than any man in America, to bring cephalic version into notice and practice. Prof. Wright's method may be thus described: Suppose the right shoulder and arm to present. First return the arm. To do this, flex the arm at the elbow, bring the hand in contact with the chest, in front, and by pressure at the elbow, force it into the uterus. The arm returned, the right shoulder presenting, grasp the shoulder with the right hand and apply the left hand externally over the breech. With the left hand force the breech as near the median line as possible, while with the right hand, the shoulder and chest are carried into the right iliac fossa, and laterally far enough to allow the head, which is in the left iliac fossa, to descend into the pelvis. If the left arm presents, the left hand is applied to the shoulder, and carried into the left iliac fossa.

Dr. Wright does not advise pressure upon the head externally, and in this, in my opinion loses a very valuable and safe appliance in securing the version. The neck of the child being quite flexible, if firm pressure is made upon the head, externally; certainly less upward, and lateral displacement of the shoulder will be required to return it into the pelvic cavity. In difficult cases of cephalic version chloroform should be given, an assistant should move the breech to the position desired, while the operator applies one hand to the shoulder, and the other to the head externally. If now the pains are not too violent, by an upward and lateral displacement of the shoulder, he may gain space enough to allow the head to drop, or be forced by pressure externally into the upper strait. In withdrawing the hand the vertex can be adjusted to the position desired. The process of turning by the feet, is too well known to need description. The danger to the mother of podalic version, is first, from rupture of the uterus, and second, from inflammation of that organ, the result of pressure, and irritation from our manipulations. The danger to the child, is from pressure on the funis, and death from detention of the head. In turning by the feet, the hand should follow the sacrum, and spine of the mother. The knees will be found near the umbilicus, the feet near the breach. Shall we secure both feet or one only? Unless the pelvis is ample and the child small, we would say take neither; but instead take the child by one knee, and by that one nearest the spine of the mother, if the child lies upon its side. Why? For the simple reason, that the knees are nearest the pelvic outlet; are easier found; and furnish a much better surface to grasp. If the lower knee only is seized, the woman on the back, the weight and position of the child favors the version. If we drag down one knee only, we add considerably to the diameters of the child's pelvis, and by so much, expand and dilate the soft parts of the

mother, and thus render the passage of the head so much the easier and safer. More children are born alive by turning by one knee, than by both feet. As the mortality in version by the feet, and in all footling cases, is fearfully great, the question naturally arises, how shall we conduct this process, so as to save the life of the child? This, cannot always be done even in hands most skillful. We can aid nature, however, very materially in her efforts, by the following means. Place the patient on her back, in the position advised for the process When the os uteri is fully dilated, or easily dilatable, give ergot freely, unless the pains are frequent and very efficient.

Make no traction on the child in an ordinary footling case, until the hips have passed the vulva, for fear you draw the child's arms up over its head, and thus delay and complicate the labor. When the hips have passed the vulva, and you fear pressure upon the the cord, terminate the labor as rapidly as possible, consistent with safety. To save the child, place an assistant on each side of the patient, and direct them to cover the uterine globe with their expanded hands, and to make strong and continuous pressure upon it, while you drag down the body, and liberate the arms. When the arms are delivered, elevate the child, pass the index finger into the mouth, and hook it over the lower jaw, at the symphisis, and make traction upon it in the curve of the sacrum. In the mean time, you urge the woman to bear down vigorously. Your assistants, now, by well directed pressure from above, will literally force the head through the straits of the pelvis, and thus perhaps save a life which would have been lost by a few minutes delay, from pressure on the cord. The forceps cannot be compared in point of efficiency, to well directed pressure upon the uterine globe, nor can they be so promptly applied. When the head is detained in a footling case, violent traction on the neck is too often practiced, and, in my opinion, can not be too strongly condemned. That many a child has been literally killed by the practice, I have not a doubt. There is a case on record of death from dislocation at the first and second vertebræ, in a boy of six years, merely from holding him up by the head, in sport. If the weight of the body in a child of six will produce such a result, what should we naturally expect from the violent traction of the accoucheur upon the delicate structures of the neck at birth? Most assuredly, pressure on the cord, is not the only cause of death in footling cases.

A few words on position, and I have done.

In the April number of the *American Journal Medical Sciences*, for 1866, I reported four cases of shoulder presentation occurring in the same woman, in four consecutive labors. The two first labors occurred in the practice of my friend Dr. Bell, (first seen, however, by a midwife, and valuable time lost). After repeated efforts to turn, by Dr. Bell and myself, the patient under chloroform and lying on her back; we were finally compelled to mutilate the child, in both labors, before we could deliver. This was not done, however, until every evidence of life was extinct. In one we had prolapse of the cord with the arm, removing all doubt; in the other we were equally certain, from the presence of the usual physical signs of death. In the third and fourth cases Dr. Bell was either sick or absent, and I was called upon. In both labors I found very firm impaction of the shoulder, and strong uterine contractions. In both I tried to turn the patient on the back, and under chloroform, and in both I signally failed. In the third labor, believing the child to be large, I thought I would call to my aid the force of gravity, and placed the patient upon her knees and breast, and in this position gave her chloroform. Introducing my hand, I was surprised to find the arm of the child almost entirely returned into the uterus by gravity alone. I was still more astonished at the free and easy motion of my arm within the uterine cavity, and at the ease with which I displaced the shoulder, caught the feet, and turned the child. The version accomplished, the patient was turned upon her back—and in a short time delivered of a living child. The fourth labor was managed in precisely the same manner, and with the same happy result to the child. Since the publication of the paper to which I have referred, the same patient has had another shoulder presentation, the *fifth in succession*, and probably the only instance of the kind on record. The fifth labor was managed in the same manner. After failing to turn upon the back, she was placed again upon her knees and breast, chloroform given, and version by the feet very easily accomplished. The child was born alive, the placenta came away easily, the uterus contracted well, there was no post partum hæm-

orrhage to exhaust her; there was no evidence of metritis or peritonitis, and not much pain, and yet my patient died upon the second day after delivery, of what I do not know. She appeared to die of shock from some grave lesion to her nervous system. Perhaps the attenuated walls of her over-taxed womb had given way at some point which I did not notice, and she may have died of hæmorrhage into the peritoneal cavity. To my great regret, no post-mortem was allowed.

Since the first case, to which I have referred, I have never failed to accomplish version, podalic, or cephalic, in the knee-elbow position, with the greatest ease to myself and patient. In my first report, I stated that this position was preferred, 1st. Because the force of gravity naturally drags the uterus and its contents from the pelvic outlet. 2nd. Because in this position the woman cannot bear down with any force, and thus resist our efforts to turn. 3rd. Because in this position, *uterine contractions are much diminished in force and frequency.* Why? I know not, unless it be hat the uterus and its contents, by falling away from the spinal column, relieves from pressure and irritation, certain spinal, sacral, or uterine nerves, and thus allows them a measure of physiological rest. 4th, by atmospheric pressure. In this position, the vagina is so expanded that the hand passes with the greatest ease; is not cramped by pressure within the uterus, but can be moved about with comparative ease and freedom.

In this position we can practice version as Blundel directs in his favorite aphorism of "*arte non vi*," by "skill not force." Version on the back *with a firmly impacted shoulder* will often make the accoucheur believe that the primeval curse is upon him, and that he is literally "earning his bread by the sweat of his brow." Version in the first position may be compared to the "Reed method" in dislocated hip.

In the hands of the master, we see a joint or two flexed, a little lateral pressure, here and there, scientifically applied, and then a gentle but rapid extension of the limb, and the joint is reduced before the patient is aware of the attempt. In this we have the perfection of science and art combined. Version upon the back is like the old method of reducing the hip, in which the lever and pulley, and brute force, contend for hours for the mastery over rigidly contracted muscles, but in which, perhaps, the joint is finally returned (in vulgar but expressive terms,) by main strength and awkwardness. But enough, the practice on trial will commend itself. That the position advised for all cases of version, cephalic or podalic, is too much neglected, I infer, from the fact that at a recent session of the Cincinnati Academy of Medicine, before which Dr. Wright was invited to lecture on Version, and at which many eminent practitioners of that city took an active part in the discussion which followed, and in the report of a large number of cases, not one of them referred to the position upon the knees and breast as facilitating the operation. This I consider remarkable. Dr. Wright in his prize essay on Version, published in 1854, states that in one case he succeeded in turning in this position, after five different accoucheurs had failed in the dorsal, and the woman had been sixty hours in labor. The position advised so far, in my humble opinion, has not received that attention and endorsement from the profession, to which its merits entitle it, and which it is yet destined to secure.

CONCUSSION OF BRAIN FOLLOWED BY ERYSIPELAS OF SCALP AND DEATH.

By W. H. H. Githens, M. D.

Of Philadelphia.

Thomas R——, aged forty-three years, temperate, well built, and healthy, a boiler maker by trade, received a blow on the left parietal protuberance from an iron maul weighing nine pounds. This blow was delivered with the full force of a strong man. Unconsciousness followed, lasting about fifteen minutes. There was an incised wound of the scalp about two inches in length, from which some sixteen fluid ounces of blood were lost. There was no other shock apparent than the temporary unconsciousness immediately succeeding the blow. The patient walked to his home more than a mile distant from the scene of the accident, and essayed to go to work the following day; but feeling too unwell to do his customary work, he returned to his home, stopping on the way at a drug store where he was supplied with a dose of purgative pills.

I first saw the patient on February 10th, four days after the receipt of the injury. He was then suffering from excessive purgation following the use of the pills, a slight but general

bronchitis and nausea; there had been no vomiting. The wound was healing by the first intention; on the side of the neck, including the ear of the wounded side, were some erysipelatous blotches; the epithelium of the entire scalp was desquamating; there was very little constitutional disturbance, and no delirium or other mental disturbance. I prescribed:

℞. Quiniæ sulph., ℥ss.
Acidi sulph. q.s. ut ft. sol.
Tr. ferri chlor., f.℥j. M.
Sig.—Twenty drops every two hours.

℞. Morphiæ sulph.,
Potass. cyanid., aa gr. ij.
Syrupi, f.℥ij. M.
Ft. sol.
Sig.—Teaspoonful every four hours.

February 11th, fifth day.—Purging and nausea entirely relieved; cough less troublesome; patient had passed a good night and felt very comfortable; found him up and dressed on my arrival. The erysipelas had advanced around the neck and reached the cheek and temple. During the next four days the erysipelas traveled across the face, closing both eyes, and was then subdued. Desquamation followed normally; the bowels were regulated by the use of Seidlitz powders; the patient refused all nourishment. Beef tea and milk were ordered at regular intervals. He finally relished the milk, and would use three pints daily, but did not like the beef tea.

On February 15th, the ninth day since the accident, the erysipelas commenced to recede, but simultaneously with its disappearance, a slight fever with delirium set in, the cough became more troublesome, the patient again refused to eat anything and also to take his medicine; declared that he was perfectly well and wished to go out, tried to pick the lock of the door, to break the hinges, to climb out of the window; and also evinced his mental derangement in various other ways, refused to be kept in bed and insisted upon being dressed for the street. Pulse now numbered 100 beats per minute, the skin dry but not hot, no thirst, the patient put his tongue out straight when told to do so; speech was thick and incoherent, relating to matters concerning the shop; he did not seem to recognize those who spoke to him.

Tenth day. Pulse 120, spasmodic jerking of muscles of arms and legs as he lay asleep; mind in the same condition as the day previous; stools thin, dark, liquid. I continued the quinia and iron, placed a large blister on the back of his neck and prescribed

℞. Tr. opii camph.,
Syrup. ipecac, aa. f.℥ij
Spts. æth. nit., f.℥iij
Aquæ, f.℥iij. M.
Sig. Teaspoonful every four hours.

Eleventh day. Pulse 126, muscles of limbs entirely quiet, mind less clouded, the swelling had entirely disappeared from face, stools formed, light in color, urine plentiful, of a high amber tint, forehead warmer than body, he could not be induced to remain in bed and would take no food except the milk and a small quantity of whisky, generally refused the medicine when given by any one but myself; took it readily from me.

Fourteenth day. Patient had slept well the night previous, pulse was now 110, skin inclined to be moist; tongue coated, moist; stools solid, flattened and brittle; slight hiccough occasionally; his appetite for the milk was increasing, he would now drink all that was given to him; took his medicine more regularly, understood questions and could form words into short sentences, although his mind still wandered.

Fifteenth day. Hiccough had become very troublesome the previous night, keeping the patient awake when he seemed inclined to sleep; stools were now softened; urine copious and dark; when asked how he felt, he replied that he never felt better, was perfectly well; but he was not so bright as the day previous; pulse 114 and weaker. I prescribed,

℞. Ol. succini, gtt. lxxx.
Moschi, gr. v.
Ol. menth., gtt. ij.
Mucil. acaciæ, f.℥ij. M.
Sig. Teaspoonful every half hour.

Sixteenth day, Pulse 126; mind clearer; patient understood and answered when spoken to; agreed to stay in bed and promised to take food and medicine; face looked thinner; nose slightly pinched; hiccough had ceased entirely; alvine dejection natural; urine, copious; skin comfortably warm; head hot; wound of scalp entirely healed.

Seventeenth day. Pulse too feeble to be counted. I increased the quantity of stimulants, placed hot bottles to patient's feet, and renewed blister on his neck. I then prescribed

℞. Quiniæ sulph., gr. viij.
Morphiæ sulph., gr. ij.
Syrupi, f.℥j. M.
Sig. Teaspoonful every hour.

Afternoon of same day. Pulse much improved, 120 beats per minute; slight but repeated bilious vomiting; a collection of mucus in trachea and bronchial tubes gave to the respiration an unpleasant and rattling sound; hands cool; forehead hot; nose pinched and blue; the cough shook the patient very much, and kept him from resting; mind much clearer. I placed blister over stomach, and laid stress on regularity in giving food and stimulants.

Feb. 24th. Eighteenth day since the receipt of the blow. Died late in the morning.

I would call attention to several points in this case which seemed to me important and peculiar. First—the patient was a very powerful man; he had been able to take a sheet of boiler iron and bend it over his head; he had never before been under the care of a physician.

Second—the absence of any constitutional derangement during the progress of the erysipelas. He was a tobacco chewer, and did not lose his relish for the weed.

Third—the brain symptoms being held in abeyance for more than a week and then commencing; not resembling an inflammation, there being at no time any pain in the head, and nothing in the eye to suggest congestion; the head was warmer than natural and the reasoning power and memory were gone.

Fourth—the apparently favorable progress of the case, with the exception of a few fatal prognostics, such as his persistence in saying that he felt well and wished to go out; his disrelish for food from the first, and the hiccough and pinched nose.

PROGRESSIVE PARALYSIS OF THE TONGUE, LIPS, CHEEKS, PALATE, FAUCES, ETC.

By Henry T. Bahnson, M. D.
Of Salem, N. C.

J. E. S—— consulted me January 1st, 1870. He is aged forty-three, is unmarried, and of temperate habits. Had been for years a furrier, afterwards served in the army (Confederate), and since the close of the war has been variously occupied, having been clerk in a country store for the last few months. Has no hereditary or acquired taint of constitution; his health has been always good. Last summer he noticed a difficulty in using his tongue, interfering with both speech and deglutition. This lasted some weeks, coming on gradually and as gradually leaving him.

About October it returned, and has continued getting always worse in spite of medical treatment. To-day patient comes to consult me as to the performance of an operation for "fallen palate," his complaint having been so pronounced by a physician up the country.

A glance at patient's countenance showed something wrong. There was a want of expression in the relaxed buccal and labial muscles, and hanging lower jaw, reminding one strangely of the vacant look of idiocy. His speech was thick and labored, and barely intelligible, his tongue lolling between the teeth as he talked. He could not spit, nor blow, nor whistle. When he blew his nose, everything felt as though it would come out of his mouth, he said. He could not eat without holding the morsels between the teeth by supporting his cheeks with his hands. Sometimes he could not swallow; everything would fly back through his nose. These symptoms had been gradually increasing in intensity since last October. The summer before only speech and deglutition had been interfered with. In the morning, and after resting during the day, he was much better; could speak and eat with less difficulty. His appetite was very good; in fact, he suffered in being unable to gratify its cravings. He had no pain in the head nor elsewhere, and every other function of the body was performed as usual. A thorough physical examination revealed nothing.

The mouth inside presented nothing to the view except a diffused redness of the fauces, caused probably by gargles of salt and red-pepper he had been using "to raise the palate." The uvula hung motionless, but not more than the third of an inch in length. The sense of taste, as well as tactile sensation, inside the mouth, were unimpaired. He could protrude his tongue without much difficulty, but tremblingly.

Further questioning elicited the facts that he was an inordinate consumer of tobacco—chewing and smoking often at the same time—that he had for years used hair dyes—Hall's Vegetable Sicilian, and others; had during his life taken very little medicine, *never bromide of potassium.*

The diagnosis was plain, and basing my prognosis upon what is stated of such cases in Niemeyer's excellent German work upon Pa-

thology and Therapeutics, I augured unfavorably for him, and frankly told him so, insisting upon a consultation. To this he objected, and requested me to try whatever I might think best. I ordered a pill of 1-20 gr. strychnia and 1 gr. quin. sulph. to be taken thrice daily, and the following week increased the proportion of strychnia to 1-12 gr., promising myself and him a trial of the magneto-electrical apparatus in the course of a few weeks. At the end of three weeks he had not improved. He told me he felt himself getting much weaker every day, and had made up his mind that nothing more could be done for him. As I had no electrical apparatus, I again urged a consultation, but he did not wish it. I gave him nothing more, and lost sight of him for a week or so.

On the 2nd inst. (consequently, one month after I first saw him,) during my absence on other professional duty, he was suddenly seized with an attack of asphyxia. He declared he could not live, and soon became unconscious, with pallid face, cold, pulseless, and rigid extremities, and even these ceased sometimes for several minutes. After lying unconscious about two hours, to the surprise of all present, he opened his eyes and stretched out his hand to his brother who was standing by. He recovered sufficiently to walk on the street the following day; soon after which he had a similar attack, but without losing consciousness. This was succeeded during the day by several others—any exertion, especially that of speaking, would bring them on; but strange to say, he could both speak and swallow better, than had been the case for several months. I was not able to see him during all this time, but nothing further was attempted for his relief.

On the morning of the 4th inst. he walked from his chair and got into bed without assistance, bid all his friends around good bye, and gradually growing weaker, he calmly expired about half an hour afterward, retaining consciousness and smiling upon his friends to the last. He never had a pain during the whole course of his illness. During his attacks of difficulty of breathing he would clutch at his neck as though he felt the obstruction there, and indeed so he told his friends. No *post-mortem* examination could be made.

These few facts have been hastily compiled, and so may not give perfect satisfaction to your readers; but if they serve to excite an interest in so extraordinary a case, I shall be most happy to answer any inquiries my mea gre details may suggest.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

December 13th, 1869.

REPORTED BY DR. J. W. HADLOCK.

Cephalic Version.

During the discussion on the papers of Dr. J. F. Whittaker, published in former Nos. of the Reporter, "on Palpation of Pregnant abdomen," and "Rectification of the Fœtus in Utero," the subject of *Cephalic Version* was incidentally referred to, when by an appropriate resolution and vote, Prof. M. B. Wright was invited to deliver a lecture before the Academy on his peculiar mode of manipulation in such cases.

The amphitheatre of the Ohio Medical College was chosen for the occasion, and an audience of about 500 persons, members, students, etc., greeted the gentleman, who was introduced by President W W. Dawson, and spoke in substance as follows:

Dr. Wright began by thanking the members of the Academy, for their kind invitation thus to appear before them, and for so marked an expression of good will.

If I understand the purport of your resolution, I am to address you on the management of shoulder presentations by cephalic version.

From the days of Hippocrates onward through a long period of time, all presentations of the fœtus were deemed unnatural, except those of the head; hence, when the former were detected, efforts were made to change them for the latter.

There seems not to have been any very definite plan, however, for the accomplishment of this object, each practitioner being left somewhat to the dictates of his own judgment. So far as we have been able to consult authorities, the changes were effected by *external* manœuvre.

Then came the introduction of podalic version, by Ambrose Paré, Guillemain and others, and this mode of delivery, in wrong presentations, and in complicated labors, has been the reigning fashion from that day to this.

The difficulty of performing podalic version in many instances, and the fatality attending it, induced Prof. Flament, of Strasburg, to return to cephalic version, and through his influence it was re-admitted among obstetrical operations.

From the known tediousness, not to say difficulty, of rotating the fœtus, and changing the presentation by the old external method, he recommended the introduction of the hand into the cavity of the pelvis and the direct seizure of the head.

It is not strange that this method failed to secure many adherents; and the author himself did not continue long its zealous advocate. To seize the head with sufficient force to bring it into proper adjustment at the superior strait, the shoulder and breech still acting as obstacles, was found to be no easy task. The method of Wigand combined external and internal use of the hands, yet it was essentially external. He introduced one hand into the cavity of the pelvis, and brought the fingers in contact with the presenting part, while he applied force upon the head with the other hand upon the abdomen. This plan was manifestly imperfect, and external manipulation gained the ascendancy, and has increased in importance in many parts of the world. It is more easy of description than execution. It consists in pushing down the head with one hand, and pushing up the breech with the other.

In 1864, Braxton Hicks suggested a method which may justly be considered an improvement on Wigand's. He introduces one hand into the pelvis, and after raising the shoulder, endeavors, by a conjoined pressure upon the head externally, to change the presentation.

The method of performing cephalic version as adopted by myself, and which I had the pleasure of introducing to the profession many years ago, will now be briefly described. Perhaps a more perfect understanding of the manœuvre may be attained by directing some attention to the mannikin. The fœtus is now in position—the first, with the back directed to the front, the right shoulder occupying the superior strait, the head resting in the left iliac fossa, and the breech in the right. Now we have the second position with the back in front, as in the first, but with the left shoulder at the superior strait, the head being in the right, and the breech in the left iliac fossa. As the manœuvre contemplates the movement of the shoulder to the right in the one case, and to the left in the other, the hand to be used for the accomplishment of these objects is self-evident.

Suppose the labor to have advanced sufficiently to justify an attempt to change the presentation by cephalic version, and the patient to have been placed in the usual position for turning, the fœtus being in the first position. The right hand is to be introduced into the cavity of the pelvis, and advanced to the shoulder which is presently to be grasped. The left, or external hand, is to be applied to the abdomen of the mother over the breech of the fœtus. Pressure is to be made with this hand, with a view to force the breech and body of the fœtus nearer the centre of the uterine cavity. Then the intra-pelvis hand is to push the shoulder into the right iliac fossa, and, laterally, a sufficient distance to enable the head to take its place at the superior strait.

It will be seen that if we simplify the term version to mean a mere change of position, a rectification of a bad presentation for a good one, the manœuvre will not present itself in so formidable an aspect. It is, in fact, no greater complication than the gliding of the segment of an inner circle upon the segment of an outer circle.

The superiority of my method of performing cephalic version, is apparent from the fact that force applied *directly* to the shoulder, the part to be removed, while by other methods the force is brought to bear *indirectly*—through the abdominal walls which may be thick and unyielding; through the uterine walls, which may have become rigid; through the fœtal head, which may not be in proper line with the shoulders. And again, the head being movable in the iliac fossa, may be forced downward with the chin upon the breast or shoulder and thus increase rather than remove the evil.

That cephalic version can be performed, and successfully to both mother and child, no longer admits of a doubt. The question then arises, is it preferable to podalic version? This is to be determined by their comparative ease of performance and their chances of saving life.

In many cases both cephalic and podalic version may be readily performed; in some cases podalic version may be possible, and cephalic version easy—in other cases the reverse may obtain. I have performed cephalic version easily, after having made several ineffectual efforts to bring down the feet.

Dr. Penrose has published in the *American Journal of Medical Sciences*, January, 1856, a case of twins, in which he delivered the second child by cephalic version, after having failed in his efforts at podalic version.

According to the statistics of Lee, out of seventy cases, ten were fatal to the mothers—seven from rupture, and three from inflammation of the uterus. It is true, the causes rendering version necessary may have contributed to the fatality. Evil to the child is to be anticipated when we take into consideration the fact that, in a natural presentation of the feet and spontaneous delivery, one out of two and a half are born dead.

A skillful application of force to the shoulder and breech of the child does not necessitate danger to it or injury to the mother.

Some of our own distinguished countrymen have fallen into errors in describing my method of performing cephalic version. Professor Miller, in his last work on obstetrics, says the hand must necessarily enter the cavity of the uterus. Let us see. The fœtus is now in position, the shoulder occupying the superior strait. My hand is now in the cavity of the pelvis, and my fingers are against the shoulder of the fœtus. Is any portion of my hand in the cavity of the uterus? To enter this cavity, my hand must pass beyond the body of the

fœtus, and this would defeat all efficient action on the shoulder. Again, he alludes to the difficulty of acting on the head. I have said, and now repeat, that action on the head constitutes no essential part of my manœuvre. While the shoulder is being pushed aside, the head must follow, and engage more and more in the superior strait, as it becomes cleared. It is true that it may sometimes be grasped advantageously as it falls into the strait, to be retained in position until the contractions of the uterus are brought to bear upon it.

Again, he objects to cephalic version on the ground that it is an unfinished operation; in other words, that it does not terminate labor. The object in changing the presentation is not to terminate labor, but to save the child, and to place it in the best possible position to secure speedy delivery.

Prof. Hodge intimates that the hand is applied to the surface of the abdomen for the purpose of rectifying an obliquity of the uterus. This is incorrect. While the uterus may be thus changed in its direction, the leading object to be accomplished, is the movement of the fœtus more in correspondence with the axis of the superior strait.

It has been claimed that after the shoulder has descended below the brim of the pelvis it must necessarily be raised vertically before being moved laterally. I can appreciate the importance of this movement preparatory to action on the head, but it is not necessary or proper when the shoulder receives direct pressure from the hand, and the body is moved in a curved line.

In podalic version a prolapsed arm is no impediment to the introduction of the hand into the cavity of the uterus; but it must be raised above the brim of the pelvis before proceeding to the performance of cephalic version. This has been represented in the books as difficult—nay impossible. My experience differs so widely from this, that I should not hesitate to bring down the arms in aid of a correct diagnosis respecting the presentation. To illustrate: The arm is down; I will now return the hand, and bend the forearm. This gives me control of the elbow. By pushing against it, and at the same time directing it close along the body of the fœtus, sufficient space will be found to raise it above the strait. It is no longer an obstacle, as you perceive, to the lateral and ready movement of the shoulder.

Cephalic version is not presented as an exclusive mode of treating shoulder presentations; nor is any one manœuvre to be adopted to the rejection of all the rest. There are many means to be adopted or rejected, according to the circumstances of the case.

In a case of uterine hæmorrhage, accidental or unavoidable, speedy delivery being demanded, a resort should, perhaps, be had to podalic version. In case of prolapsed, unreturnable funis, the same course might be deemed most practicable. In both these complications, however, as well as in rupture of the uterus, it would be gratifying to know that several modes of version were subject to our selection. It is never advisable to perform podalic version, however important the emptying of the uterus might be, for the arrest of puerperal convulsions, if possible to avoid it. I was present during a paroxysm of this fearful complication, induced by the introduction of the hand into the uterus, and death resulted in less than five minutes. Cephalic version, aided, if need be, by forceps, offers the best prospect of success.

Let me say in conclusion, that while we should be just, the one to the other, in according whatever there may be of merit, our higher obligations, as professional men, is to render good service to our patients. We should not stop to inquire who suggested this, or from whom came that? but what are its advantages? In presenting to the consideration of the profession what I deem a useful and preservative mode of treating difficult labor, I had no ambitious thoughts of myself. All my reflections, experience and feelings were concentrated upon the sufferings of women. If I have succeeded in presenting the means by which she may be relieved of any of the many pangs of child-birth, I shall be content.

NEWPORT AND COVINGTON (KY) MEDICAL SOCIETY.

December 14, 1869.

(REPORTED BY DR. HADLOCK.)

The Society held its regular monthly meeting at the residence of Dr. Duke, and its proceedings were as they always are—interesting and entertaining scientifically—whilst the *collation* was interesting physically.

Two able papers were read and discussed. One by Dr. J. J. Temple, on the

Use of Opium in the Diseases of Children.

Dr. T. argued in favor of a more liberal administration of opium in this class of patients; that it is a mistake to suppose that children do not "bear opium well." He had given the $\frac{1}{6}$ of a grain to children twelve and fifteen months old without any unpleasant results, but on the contrary with beneficial effects. He knew that the sense, or rather the prejudice of the profession, was against the *liberal* use of opium in diseases of children. In that position he believed the profession to be wrong. Not many years ago bloodletting was resorted to in almost every case, and it was also the doctrine that you had to salivate your patients in order to cure them. He would ask where is the intelligent medical man who would now advocate such a doctrine? Time and experience had convinced the profession that it was

wrong in its position respecting these two remedies—and if wrong in one thing could it not be wrong in another: Upon the plea that children do not bear opium well, he believed it to be as erroneous to withhold the soothing influence produced by the administration of a dose of opium, as it was formerly erroneous to advocate the doctrine of indiscriminate bloodletting and salivation. The opposition to the use of opium in the diseases of children was based upon the "hypothesis, which prevails among some of the best minds of the profession, that there exists a difference in the nervous organization of the child and adult. This difference can only be in the degree of the progressive development of the two organizations—their natures are essentially the same. This being true, everything else being equal, the same agencies being used in both organizations, results exactly similar should follow. I have prescribed opium for children of all ages and almost every variety of complaint. Size of dose varying from the 1–25 to of a grain, being controlled by the age and development of the child."

The other paper was presented by Dr. Wise, on the use of

Opium in the Rigid Os.

Dr. W. related a number of interesting and instructive cases wherein he had resorted to opium in the condition of the os and had the satisfaction of witnessing its good effects in these cases by relaxing the parts.

Editorial Department.

Periscope.

Treatment of Croup.

A number of the *Journal für Kinderkrankheitern* has a lecture by Dr. Fabius, of Amsterdam, on the treatment of croup, which we quote from the *Boston Medical and Surgical Journal:*

Dr. F. never employs antimony, calomel, or bloodletting; for, as he says, "the chief object in treating croup is to avoid debilitating remedies as far as possible." Ipecac is just as good an emetic as antimony; other purges are equally efficacious with calomel; bleedings are unnecessary. Of late years he has ceased to let blood in croup, and has been much more successful with his cases than formerly. An emetic, a warm poultice to the neck, and a large quantity of warm steam in the room, are his "abortive" measures. "In croup," he says, "this treatment brings relief; while in pseudo-croup it brings cure, or, as some say, it aborts croup."

If false membrane has actually formed, Dr. F. contends earnestly against the use of antiphlogistics. Antimony is abundantly proven to have been the frequent cause of sudden death in young children. Sulphate of copper is also rejected by Dr. F. He declines to speak of chlorate of potash, but ascribes more efficacy to carbonate of potash. Luzsinsky, of Vienna, by whom the latter was employed extensively, claims to have saved by its means 75 cases of pure croup. Vogel, of Munich, gives it the preference over all other medicines; and Dr. Fabius says that he has had 12 successful and 3 unsuccessful cases under the use of this remedy alone; besides 5 successful ones where tracheotomy was performed. In doses of from ʒss. to ʒij. daily, diluted with water, it is not debilitating nor dangerous. It should be noted that the carbonate—not the bicarbonate—is what is intended.

The effect desired of emetics is purely mechanical, to clear the air-passages. They may be repeated two or three times a day, so long as the stomach answers readily to the stimulus, and must be left off as soon as the act of vomiting seems no longer to relieve the respiration. Emetics, poultices, steam, and carbonate of potash, are his remedies until tracheotomy becomes needful. "We ought to operate when the disease is becoming worse, and the difficulty of breathing greater; when the anxiety begins to be permanent, and cannot be removed by emetics; when the scrobiculus cordis and the regio above the clavicles are drawn in upon inspiration when, finally, double pneumonia is not present, nor any other inevitably fatal condition, and when the strength is not too far gone." He advises care in avoiding bloodshed, rather than rapidity in operating; care, he says, "like that required in making an anatomical preparation."

An Artificial Penis.

Dr. J. P. Gray, at the last meeting of the New York State Medical Society, (*Medical Record*) reported the following strange case:

The individual was a native of Germany, and had always been considered as a female—wearing the usual apparel of the sex, and in every respect conforming to the requirements of such a supposed condition. Occupied as a cook, he became associated with a young Dutch girl who was the assistant. They remained together for a period of three years and when the patient became impressed with the

sibility that a separation might occur, the at-
ıment on his part, which previously had been
re or less latent, ripened into love. In sheer des-
ation, feeling that life would be unendurable
hout her, he made a declaration in due form,
avowed himself a man, giving as an excuse for
earing in woman's attire that while at sea he
been engaged in a mutiny, which, for the sake
is life, rendered the deception imperative.
When he determined to get married, being of a
ingenious turn of mind and fully appreciating
physical defect, he resolved to imitate nature
construct a penis for himself.
s presented to the Society it consisted of a body
ned of cotton, six inches in length, having the
pe of the penis, minus a prepuce, and sheathed
piece of pig's gut, the whole having a slight
milion color. To the feel it was rather elastic,
its shape was maintained by a piece of gutta-
cha tubing, around which the cotton was firmly
ınd. At the root of the penis was a circular
ne work of thick wire, with small square branches
either side for the purpose of attaching straps·
upper edge of the root of the penis was fastened
he upper portion of the ring by a strap which
long enough to reach to a waistband. The
straps were buckled on either side around the
eal regions in the flexures of the groins, and
hat means the apparatus was held in firm posi-
. The central and upper strap was so arranged
he ring, that by a little jerk the penis could be
ıntly thrown in an erect position, and could
so maintained by buttoning it up higher. Be-
this he had constructed a flesh-colored cover-
which completely concealed the straps. By
ıns of this contrivance he was enabled to deceive
wife as to his virile power, according to her
ement, for fifteen months, and the trick was
accidentally discovered as she was undressing
, while he was in a helpless state of intoxica-
. He told her when they first married that it
very indecent for a husband to undress in the
ence of his wife, and that it was customary for
to retire first and blow out the light. This
t gave him ample opportunities for arranging
apparatus in an erect position before retiring.
ly from fear that his virile power would be
tioned, and partly from ignorance, the time of
al coitus would not unfrequently approach an
·. When the discovery was made the wife hid
instrument, and the patient subsequently at-
ted coitus by contact, but, as is affirmed, with
unsatisfactory results, although both parties
an incomplete orgasm. It is evident also that
ufferer had sexual instincts, inasmuch as a love
he girl had been engendered, which was, after
discovery of his deception, turned to poignant
usy. The patient is at present a victim of ex-
delusions, and the wife has applied for a di-
e.

The Indications for Tracheotomy.

Dr. George Johnson, Physician to King's College Hospital; Professor of Medicine in King's College, London, writes on this subject to the *British Medical Journal:*

When the symptoms of laryngitis, whether in a child or in an adult, continue and increase and threaten life, or when, in a case of diphtheria, the extension of the disease to the larynx causes the same threatening symptoms, we ought to have recourse to tracheotomy; and by this operation we may not unfrequently save a life which must otherwise inevitably be lost. The operation is more frequently successful in cases of simple laryngitis than in diphtheria—for the reason that, in the latter disease, the exudation often extends into the trachea and bronchi; so that an artificial opening in the windpipe does not counteract the cause of the apnœa. It is more frequently successful in adults than in children, and more frequently in older than in very young children. In adults I have rarely failed to save life by the timely performance of tracheotomy; but in children I have rarely succeeded. In very young children, the trachea is so small that it is scarcely possible to introduce a metal tube; and the operation is, therefore, impracticable. The youngest child that I have seen saved by tracheotomy was one about two years old, who, while suffering from inflammatory croup, was operated on by Sir W. Ferguson.

Excluding those cases in which the operation is impossible on account of the small size of the trachea, the principles which should guide us in our determination to resort to tracheotomy are the same, whether the patient be a child or an adult.

In general terms, then, it may be stated that, when, in spite of prompt and judicious treatment, the obstruction in the larynx and the consequent dyspnœa continue and increase, and when there is commencing lividity of the lips and face, the time for tracheotomy has arrived. When a laryngoscopic examination is practicable, and when, by this means, we discover such an amount of structural change within the larynx as must obviously require several days, and perhaps even weeks, for its removal, the necessity for its operation will be still more apparent.

In considering the question of tracheotomy, it must continually be borne in mind that, if the operation be too long deferred, although it may remove the distressing sense of constriction in the throat, it will not save the patient's life. The reason is, that a prolonged partial apnœa gradually induces a condition of lung and of pulmonary artery which is irremediable and fatal.

The order of events appears to be this. The obstruction in the larynx limits the supply of air to the lungs; the blood in the pulmonary capillaries is

imperfectly aerated; and some partially aerated blood passes on into the systemic arteries. At the same time, the minute pulmonary arteries, by their contraction, lessen the supply of blood to the pulmonary capillaries in proportion to the limited access of air. This contraction of the minute arteries is doubtless called into action by a nervous influence transmitted from the capillaries. A message is telegraphed to the arterial stopcocks, requiring a diminished supply of blood so long as the respiratory changes are partially suspended. The blood, therefore, accumulates in the trunks of the pulmonary artery, in the right side of the heart, and in the systemic veins. The distension of the superficial veins renders the lips and the skin more or less livid; while the retrograde engorgement of the bronchial veins and capillaries, which belong to the systemic venous system, results in a serous effusion into the bronchial tubes. This serous exudation gravitates towards the basis of the lungs, filling the air-cells and smaller tubes, and thus still farther impeding respiration. Meanwhile, the slowly moving, partially stagnating blood in the pulmonary artery becomes more and more viscid, and at length partially coagulates. Hence, on *post-mortem* inspection, fibrinous coagula, which had evidently been in process of formation for several hours before death, are often found in the pulmonary artery. A state of partial apnœa, therefore, exceeding a certain limit in degree and in duration, results in œdema of the lung, and coagulation of blood in the partially obstructed pulmonary artery; and these changes in the lung and in the artery may, alone, suffice to destroy life. Tracheotomy, then, to be successful in rescuing the patient from fatal apnœa, must be resorted to before the lungs have become highly œdematous, and before the blood in the pulmonary artery has lost its fluidity.

When the laryngeal obstruction has been of recent origin and rapid in its course, it is the more likely that life may be saved by the prompt performance of tracheotomy; but, when urgent dyspnœa has been of long duration, there will always be reason to fear that the lung and the blood in the pulmonary artery may have passed into the condition that I have described.

We may sometimes obtain more positive evidence as to the œdematous condition of the lungs. There may be dullness on percussion over the lower lobes of the lungs, and a fine moist crepitation over the same extent. As a rule, however, when there is great obstruction in the larynx, auscultation teaches us little as to the condition of the lungs. The loud laryngeal stridor completely masks the pulmonary sounds; which, besides, are very feeble, in consequence of the small volume and force of the tidal air in the lungs.

We may suspect that the blood in the pulmonary artery is coagulating, when, with increasing dyspnœa, there is a combination of pallor and lividity of the skin and lips, with extreme feebleness of the pulse. The lividity is a result of over-distension of the systemic veins, while the pallor and the pulselessness are due to a corresponding emptiness of the arteries; the venous fullness on the one hand, and the arterial emptiness on the other, being direct results of the obstruction in the pulmonary artery.

I have nothing to say as to the mode of performing the operation of tracheotomy. That is a purely surgical question, with which I do not meddle. But I must insist upon the importance of keeping the air of the room warm and moist so long as the patient has to breathe through the opening in the trachea. A neglect of this precaution might result in an attack of bronchitis or pneumonia.

Another point which deserves notice is that, while a patient is breathing through the artificial opening, so much is the reflex excitability of the larynx lessened, that, during deglutition, liquids sometimes enter the larynx, and then escape through the canula. This may, to some extent, be prevented by directing the patient to close the tube with his finger during the act of deglutition.

A gentleman suffering from acute laryngitis, whom I attended with Mr. Heckstall Smith and Dr. Allfrey, and who was rescued from impending suffocation by tracheotomy performed by the latter gentleman, while he was breathing through the tube, one day got a piece of bone into his larynx from soup that he was drinking. The foreign body caused him much annoyance until it was expelled by a cough. The patient completely recovered, and returned to his work in India. The lesson taught by this and other cases is that, while a patient is breathing through an artificial opening in his windpipe, unless deglutition be performed with care, the food may "go the wrong way," and either lodge in the larynx, or, passing through the larynx, it may enter the bronchial tubes.

Reviews and Book Notices.

NOTES ON BOOKS.

The well-known German Journal "*Zeitschrift für rationelle Medicin*," has been discontinued after an existence of precisely a quarter of a century. The reason was the death of the principal editor, Dr. Pfeufer. It was one of the best medical periodicals of Germany.

A curious book has just been written by Dr. G. Latz, of Bonn and published by himself, entitled *Die Alchemie*. It is full of learning and enthusiasm, and the author claims to have found the wonderful *arcana* of the alchemists, which cure all diseases. We hasten to tell them to the world. They are: sulphuric acid, iron, carbonate of soda, nitrate of potash, liquor ammoniæ sulphuratus, hydrarg. oxyd. rub., with sulphuret of gold and sulphuret of antimony.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 12, 1870.

. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and bservations, Foreign and Domestic Correspondence ews, etc., etc., of general medical interest, are respectlly solicited.

Articles of special importance, such especially as reuire original experimental research, analysis, or obseration, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *ief* as possible to do justice to the subject, and *carefully repared*, so as to require little revision.

We particularly value the practical experience of coun-y practitioners, many of whom possess a fund of infor-ation that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility or statements made over the names of correspondents.

870. **SPECIAL NOTICE!!** 1870.

By reference to the *Prospectus* in another column, it ill be seen that we have made, and are making arrangeents for communications from some of the best medical riters, and most prominent medical men in the country.

E ARE EXPENDING MORE ON THE LITERARY DEPARTENT OF THE REPORTER THAN WAS EVER BEFORE REAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

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PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor ROSS' admirable portrait published in the REPORTER January 8th, for the accommodation of those who sire to frame it. PRICE $1.00.

THE PHYSICIAN AS A STUDENT.

The season is now upon us when several thousand young men, armed with their diplomas as Doctors of Medicine, sally forth from the colleges to offer themselves as healers in different parts of our country. We would be glad to say a few words to each of them before they go, and these words are: Never neglect to study your profession; read every day at least a page or two of some sound, recent, book or journal; *keep posted.* Neither two, nor five, nor seven years study dispenses with the necessity of continued reading. Science is ever on the advance, making new conquests, reaping fresh harvests, and that professional man does not do justice to himself or his patients who on any excuse neglects to avail himself of all the knowledge within his reach.

We have often been surprised and disappointed at the insignificant libraries possessed by men whose names we had frequently heard mentioned with laudation. There are others who collect books, and do not read them. Occupation, indolence, poor eye-sight, poverty, a dozen excuses are offered, when physicians are urged to buy professional works. We do not believe in one of them. No one is so busy but that he can study a half hour daily if he wills. The most distinguished physicians, we note, show that they find more time than this. The historian Prescott was almost blind yet his works show an immense reading. And who is so poor that he cannot purchase ten or a dozen volumes a year, when he spends annually far more than they cost, in tobacco, cigars, or wines, or other self-indulgence?

American physicians are peculiarly open to the charge of limited reading. We find among them comparatively few who are owners of good libraries, and readers of them. Still fewer who seek liberal culture, and a wider education than schools and colleges furnish. Let us hope that the new generation of students will seek such matters and aim higher than their predecessors.

Chorea, or St. Vitus' Dance.

This most troublesome convulsive disorder, for which so many different modes of treatment have been recommended, is to be cured by a new remedy for several other diseases, viz: the ether spray. This has been applied by Mr. Perrond, of Lyons, with much success, to the spine of a young girl suffering from chorea. Eleven sittings, at each of which between two and three ounces of ether, in a fine spray, by means of Richardson's apparatus, were discharged on the spine, were followed by a complete cure. A second case had just as successful a termination under the care of M. Maynee, also of Lyons, the patient being a lad of eighteen.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 1.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

OPHTHALMIC THERAPEUTICS.

1. Diseases of the Conjunctiva.

George Lawson, F. R. C. S., Surgeon to the Royal London Ohthalmic Hospital, Moorfields, etc.

Acute Conjunctivitis.

In the treatment of *Acute Conjunctivitis*, (catarrhal ophthalmia), our author recommends that, every two or three hours, or oftener, if the case be a severe one, the eyes be bathed with one of the following lotions, being careful at each application to permit a small portion to flow into the eyes.

Lotio Aluminis.

1. ℞. Aluminis, gr. vj.
   Aquæ destillatæ, f.℥j. M.

Lotio Aluminis Mitior.

2. ℞. Aluminis, gr. iv.
   Aquæ destillatæ, f.℥j. M.

Lotio Aluminis cum Zinci Sulph.

3. ℞. Aluminis gr. iij.
   Zinci sulphatis, gr. j.
   Aquæ destillatæ, f.℥j. M.

Cold water should be employed between the times of these applications, to keep the eyes free from the discharge.

A solution of nitrate of silver, (same strength as F. 14,) is useful, particularly when there is chemosis of the conjunctiva and swelling of the lids. Two or three drops of F. 14 should be dropped into the eye twice a day; the eyes being kept clear of discharge by bathing them in cold water as often as may be necessary. A little *unguentum cetacei* should be smeared along the tarsal borders of the lids at night to prevent their agglutination.

A purgative should be administered at the beginning of the attack. If the patient be hot and thirsty an alkaline or effervescing draught may be prescribed such as

Mistura Potassae Citratis.

4. ℞. Potassæ bicarbonatis, ℈i.
   Spiritûs ammoniæ aromatici.
   Tincturæ aurantii, aa f.℥ss.
   Aquæ destillatæ, f.℥iss. M.

To be taken in effervescense with acidi citrici, gr. xiv, dissolved in a tablespoonful of water.

The spiritus ammoniæ aromatici, may be omitted if desired.

As a rule tonics such as bark, quinine, and iron are indicated after the first febrile symptoms ushering in the attack have subsided.

Chronic Ophthalmia.

Our author recommends as local applications when there is any extra secretion present stimulating drops or lotions, such as what he terms his

Guttae Argenti Nitratis.

5. ℞. Argenti nitratis, gr. i.
   Aquæ destillatæ, f.℥i. M.

Or,

Guttæ Zinci Sulphatis.

6. ℞. Zinci sulphatis, gr. j–ij.
   Aquæ, f.℥j. M.

These solutions should be dropped into the eye twice a day.

Lotions with alum, or alum and zinc combined (F. 2, 3,) are very efficacious.

If there be no abrasion of the cornea, the following lotion will be useful:

7. ℞. Plumbi acetatis, gr. ij.
   Acidi acetici diluti, ♏ ij.
   Aquæ destillatæ, f.℥j. M.

At night, if there be much secretion from the Meibomian follicles, the tarsal edges of the lids should be anointed with

Unguentum Hydrargyri Nitratis Dilutum.

8. ℞. Unguenti hydrargyri nitratis, ℈j.
   Unguenti cetacei, ℥ij. M.

Stimulating applications should not be made to the eye when there is much photophobia, for they then fail to do good, and are apt to act as irritants.

Counter-irritation is frequently beneficial in chronic ophthalmia. A small blister may be applied to the temple or behind the ear, and repeated in two or three nights if necessary.

If the above remedies fail to afford relief, a seton of a single or double thread of thick, corded silk inserted in the temple will occasionally do good. It should not be allowed to remain longer than three or four weeks, for fear of producing an unsightly scar.

In cases of persistent chronic ophthalmia, the lids should be everted, and carefully examined for gran-

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ulations. If these be present, the ophthalmia will continue until they are cured.

J. Soelberg Wells, Prof. of Ophthalmology, in King's College, London, etc.

Hyperæmia of the Conjunctiva.

is not unfrequently met with as a consequence of close application of the eyes to small objects by artificial light, or from contact with atmospheric or mechanical irritants. The cause is first to be removed. In order to relieve the feeling of heaviness which oppresses the eyelids, employ one of the following

Evaporating Lotions :

9. ℞. Spiritûs ætheris nitrosi, f.ʒj.
Acidi acetici aromatici, gtt. vj.
Aquæ destillatæ, f.ʒvj. M.

To be sponged over the closed eyelids and around the eyes three or four times daily, and allowed to evaporate.

10. ℞. Ætheris, f.ʒij-iv.
Spiritûs rosmarinæ f.ʒiv. M.

To be used in the same manner as F. 9, but in smaller quantity, especially if the skin be delicate and susceptible.

The best *Astringent Lotions* are the following :

11. ℞. Zinci sulphatis, gr. ij-iv.
Aquæ destillatæ, f.ʒiv-vj. M.

12. ℞. Plumbi acetatis, gr. ij-iv.
Aquæ distillatæ, f.ʒiv-vj. M.

The above are to be applied by saturating a piece of lint with the solution, and laying it over the eyelids for 15 or 20 minutes, several times a day, allowing a few drops to enter the eye.

In chronic cases of hyperæmia these applications must give place to weak *collyria*, such as F. 6, or

13. ℞. Cupri sulphatis, gr. j-ij.
Aquæ destillatæ, f.ʒj. M.

14. ℞. Argenti nitratis, gr. i-ij.
Aquæ destillatæ, f.ʒj. M.

A drop or two of one of these collyria is to be applied to the conjunctiva. The sulphate of copper or lapis divinus may be used in substance by touching the part lightly. The eye douche or cold compresses should follow each of these applications.

The popular error that it is beneficial to the eyes to dip the face into cold water with the lids open is an injurious one, as it often leads to, or aggravates the affection under consideration.

The Eye-Douche.

The form of this instrument, recommended by our author, is a piece of India-rubber tubing about 4½ feet in length, carrying a rose at one end, and at the other a curved piece of metallic pipe, which is to be suspended in a jug of water placed on a high shelf. The fine jet of water thrown up through the rose should be about 12 or 15 inches in height ; the force of it may be regulated by removing or approximating it to the eye. This form of eye-douche is much preferable to that applied by means of a cup, which is too strong, and may increase the irritation it is intended to relieve.

The douche is to be employed night and morning, or oftener if the eyes feel hot and tired, for two or three minutes at a time. The eye-lids are to be closed and the stream directed gently against them.

The steam atomizer or the instrument used for the ether spray, will also be found very useful and agreeable for the purposes of an eye-douche.

Dr. Rogers, of Madison, Indiana.

Gonorrhœal Conjunctivitis.

15. ℞. Acidi carbolici, gr. i.
Atropiæ sulphatis, gr. ss.
Zinci sulphatis, gr. ij.
Aquæ destillatæ, f.ʒi. M.

This solution is to be dropped into the eye every two hours and applied constantly with moist compresses externally.

Our author has proved the efficiency of this treatment in numerous cases of gonorrhœal conjunctivitis, with chemosis, great swelling of the lids, profuse purulent discharge, photophobia, etc. A week originally suffices for a cure.

B. A. Pope, M. D., New Orleans, in charge of the University Eye and Ear Clinic.

Membranous and Diphtheritic Conjunctivitis.

When it is certain that a case is one of diphtheritis, that is, one in which there is infiltration of the conjunctiva, with diminished vascularity and tendency to the formation of false membranes, cauterization and the use of astringents are contra-indicated. Frequent *cleansing of the eye*, the application of *cold water dressings*, and the careful use of *mercurials*, are the principal means of treatment.

In the early stages of the disease, the *application of leeches* to the temple is often of decided advantage.

In a case of diphtheritis coujunctivæ, it is only when the second stage of the disease has arrived, namely that of restored vascularity and commencement of purulent secretion, that the use of nitrate of silver can be resorted to. The third stage or that of cicatrization, can be but little benefited by treatment.

The solution of nitrate of silver preferred by our author is of the strength of gr. vj to the f.ʒj. In administering mercury he orders gr. 1-10 of calomel every two hours, and mercurial inunctions upon the temple three times a day, or murcurial inunctions alone, upon the temple and in the axilla, every two hours.

Case of Abortion.

A correspondent in New York sends us some slips from an Ogdensburg paper, containing the evidence in the case of Dr. Peter R. McMonagle, tried for producing feloniously, an abortion on the person of Mrs. Jane Hubbard. She died ; but before her

death, gave deposition to the effect that she had paid Dr. McMonagle five dollars to produce an abortion. He performed it at his office. The jury found him guilty, and he was put under bonds to answer at the next term.

Our correspondent says: "The crime of abortion is so frequent and so seldom proved in this place and vicinity, I should be pleased to have you publish this case."

We are sorry to learn that such is the case, but we cannot gainsay testimony of this sort.

The Climate of Guatemala.

Guatemala has recently been the goal of quite a number of emigrants from our Southern States. A correspondent of the *Scientific American* says, the climate on the West coast is much preferable to that on the Atlantic side, where malignant fevers are often fatal to the natives as well as the immigrants. The natives mostly object to our mode of curing fevers by the use of quinia. They agree that the medicine may be efficacious in the Northern climate, but that it is too heating to the body in a tropical country. Their theory is not without some good foundation, and their own remedies are certainly less destructive to the human system than those overdoses of quinia, taken by foreigners to break off the fever.

It is essential for those who wish to make that country their home, to carefully select a place most adapted to their constitution, and above all things, to lead a life adapted to the climate. The natives give much good advice to newcomers, which, however, is not always followed; such as never to eat any kind of fruit after sundown, and never to expose one's self to the night air. On the other hand, the stranger should never, in his good nature, permit himself to offer good advice to a native; a last remnant of Spanish pride does not permit him to accept it without feeling insulted.

Americans go abroad to see the antiquities of Greece and Italy, or the ruins of Egypt; they are perhaps ignorant of the fact that they possess works of ancient splendor on their own continent, which are not only as interesting as those of Egypt, but also quite similar in their construction. When the wonders of Italy and Greece, of Egypt and India, have become a little more hackneyed, then the curiosity-seekers may begin to turn their steps toward the ancient palaces of Central America, the sculptures and hieroglyphics of which speak of their former grandeur and magnificence.

Manufacture of Ozone.

The value of this substance as a disinfectant is so great that we hope methods will be discovered by which it can be manufactured in large amounts at low cost.

At a recent meeting of the Lyceum of Natural History in New York, Mr. Loew exhibited a method by which it was claimed that ozone could be obtained in any quantity. He assumed that during a certain stage of the combustion of gas, ozone was generated which was afterwards destroyed in the upper part of the flame. By tapping the cone of light at the right point, we can draw off the ozone. This was accomplished by blowing through the flame of a Bunsen burner and collecting the product in a long glass jar. In this way sufficient gas was collected in the jar to show by its odor and by the usual tests that ozone was present. This method of obtaining ozone is entirely new, and if it should prove to be practicable, will be an important discovery.

It has recently been discovered that if picric acid be projected into a jar of ozone, an instantaneous explosion takes place. This is certainly a curious and unexpected reaction, and may lead to new applications of ozone as an explosive agent for powders prepared for the purpose. The whole question of the existence and properties of ozone is still very obscure, and now that the author of the leading researches upon it, Professor Schoenbein is dead, we must patiently wait for some new investigator to take up the subject.

Public Medical Instructor.

In Vienna, the distinguished Prof. Brühl delivers a free popular lecture every Sunday on some branch of physiology. So great is the rush to hear him that on Jan. 16, he had to repeat the lecture to a second room full of eager listeners, more than one-third of whom were females, though the subject was no less recondite than "the scientific and moral significance of the primitive condition of man." The general subject is "the voice and organs of respiration." How different and how much more enlightened is such an example as this, than that set by some physicians and some medical colleges—*proh pudor!* in this country, who deliberately *oppose* popular physiological instruction!

Function of the Uvula.

Mr. Henry Power, the editor of the last edition of *Carpenter's Physiology*, suggests that the function of the uvula is vocal. It probably aids in producing the peculiar rolling guttural of the Hebrew, German, and other languages.

Remedy for Asthma.

Dr. E. K. Baxter, of Sharon, Vt., says in the *Boston Journal of Chemistry*, that the most useful remedy he has found in asthma is stramonium leaves immersed in saturated solution of potassa nitrate. They are burned and the smoke inhaled. This combination of these two popular remedies has proved very successful.

Correspondence.

DOMESTIC.

Treatment of Scarlatina.

Eds. Med. and Surg. Reporter:

In the No. of the Reporter of Feb 5, are a a few practical suggestions on the treatment of scarlet fever, from Dr. Walter Fergus of Edinburgh.

Agreeing with the doctor in regard to many of the points mentioned,—I will detail to the readers of your valuable journal the treatment that has proved the most efficacious in my hands during a fearful outbreak of this malady in my own practice, within the last 12 months.

The symptoms of scarlet fever are about as familiar to a practicing physician as the name of the disease, therefore my ideas will be based solely upon the treatment. Of the internal remedies that have proved the most useful in my hands is a powder prepared from the following formula:

℞. Morph. sulph., gr. j.
Potass. bitart., ℥ss.
Sacchari albi pulv., ℥ss. M.
Ft. pulvis. Dose—three grs. once in three or four hours, and to the above may be added three or four grs. of the am. tart. ferri, if necessary.

I am of the same opinion as Dr. Fergus, relative to the importance of the external treatment, but differ in regard to the baths used. Instead of the cold douche, the warm bath is very much preferred by me, and I have never known them do harm—employed, however, early in the disease,—especially in this part of the land, and I am also partial to the anointing with fatty substances, contrary to the opinion of Dr. Fergus. Olive oil is my preference, and if not at hand unsalted lard will do; this application to be made immediately after the bath. My reasons are, 1st. That it "arrests to a certain extent the diffusion of the separated cuticle." 2nd. It is also of a healing nature. Gargles are very useful and important in the Anginose varieties of this disease, and while many are recommended, the following is the one that I have used:

℞. Solut. acid. carbol., f.℥ss.
Glycerinæ,
Aq. destill., aa. ℥iss.
Ft. mist. M.

A small glass syringe is useful when the patient is not of sufficient age to gargle the throat.

When the patient is restless, not being able to sleep, a drop or more, according to the age, of fl. ext. belladonna has produced wonderful effects, assisted by sponging with tepid vinegar and water.

For a drink—chlor. potash, about ℥ij to the pint of water; also, milk and water are as useful as the many that are recommended.

To combat renal congestion—spt. nit. dulc., in ten drop doses, are to be relied on.

This treatment, with judicious care during convalescence, has proved very efficient.

Geo. C. Blaisdell, M. D.
Contoocook, N. H.

Cases in Practice Bearing on Ligating Funis.

Eds. Med. and Surg. Rep.:—Sunday morning, January 2d, 1870, was requested to see Mrs. C., in labor with her fourteenth child; attended her with all the others. She was safely delivered of a girl, at 11 A. M. After waiting until pulsation had ceased in the cord, which has been my practice for many years, I tied and divided it, having attended to the mother, and, just before leaving, I tied the cord a second time, another peculiarity of mine, at which some, no doubt, will exclaim, "what an old fogy." About six in the evening, Mr. C. came in great haste, saying the child was bleeding, and he expected it would be dead by the time I got to his house. Found it almost pulseless, and soaked in blood, and, no doubt, a few minutes delay would have proved fatal. It, however, rallied, and is now a fine infant.

In August, 1869, I attended a young lady with her first child. After waiting as usual until all pulsation had ceased I ligated and divided the cord, and handed the child to its grandmother who immediately wrapped it up and laid it on a lounge; my attention was fully occupied in attending to the mother for nearly an hour, when I requested the grandmother to take the child on her lap to enable me to tie the cord again but was met with the reply, "oh don't disturb it, I am sure you tied it right enough, and if it should bleed I can tie it." The child was breathing very regularly and all seeming to be right I left. The next morning the old lady stated that in about half an hour after I left she got everything ready to wash the child but upon taking it up found it almost floating in blood, and dead.

In the early part of my practice, on a number of occasions, I have been called in great haste and hurried back to my patients, with "Doctor, the baby's navel is bleeding." After several mishaps of the kind I adopted the plan of applying a second ligature, and for the last twenty-five years I can only recall to memory the cases recorded above. In a practice of thirty years, and seeing some thousands of new-born infants, I have never recognized any mischief from ligating the funis.

W. Gardiner, M. D.
Philadelphia, Feb. 1, 1879.

The Use of Chloral.

Eds. Med. and Surg. Reporter:

My wife, Mrs. W., æt. 34, has long suffered with pregnant sick headaches; as she is also troubled with neuralgia, which often makes it exceedingly painful

to occupy a position resting on either shoulder; she has tried what means she could for obtaining relief. After the birth of her first and only child, eight years ago, she got into the habit of taking chloroform by inhalation, to secure sleep, and carried it to an almost fatal extent. By a terrible effort she was induced, or compelled to give up the almost constant use of it, which she practiced for some time, and has since used it only in cases of headaches that occur generally at the menstrual period, and sometimes much oftener. When these headaches became very severe, she would take chloroform, and continued under its influence for from 12 to 24 hours, until the pressure of pain was over, when there would follow a sickness of the stomach, and vomiting, that would continue from one to five days, during which she found it impossible to keep anything on her stomach. As she is at her best estate an invalid, these attacks were very weakening, but she would persist in using chloroform, although she knew how bad were its after effects. She did not have the strength to endure the severe pain with no alleviation. Opiates she had tried and found their after effects very bad.

I was one of the first to purchase chloral after its introduction to this country, and have given it a thorough trial in her case. She has had several of those headaches which were always followed by vomiting when chloroform was administered, but upon taking chloral she has not once had any such sequelæ. I give her about twenty or thirty grains in water. In a few minutes she falls asleep, rests perfectly naturally—a great contrast to the sleep of chloroform—wakes naturally whenever any noise is made, speaks entirely rationally and falls immediately to sleep again. This sleep lasts with this dose five or six hours, and then, if the headache still continues severe, she takes another small dose, and wakes up all right, having successfully tided over what has been for years, the great dread of her life. Three weeks ago she had a tooth pulled out, and there followed a very painful inflammation in the periosteum and some suppuration. I presume she would have been utterly unable to sleep without some hypnotic, as it was as painful as that caused by an exposed nerve; but chloral worked like a charm, and she gained on several nights the much needed sleep. One of her friends came several times one day into the chamber where she was lying when under the influence of the chloral, taken both for a raging headache and the sore jaw, and would not believe that she had been asleep at all, until assured of the fact; because, on every occasion she found her awake on entering the door. Mrs. W. said she slept all the time, but awoke the moment she heard the hand laid, no matter how lightly, on the door.

I, therefore, like the chloral exceedingly, because it benumbs the nerves of feeling, without in the least affecting the mind. Besides, it seems to me that I see little, if any tendency towards that excessive use of chloral, which is such a constant terror to us in the matter of chloroform, or which has made laudanum so much abused. My own experience would lead me to recommend it in preference to any other hypnotic in cases where it is desirable to secure sleep, notwithstanding headaches, or pain of any sort. LAICUS.

Uterine Polypus.

EDS. MED. AND SURG. REPORTER:

Miss E. a well developed, muscular woman aged 35, seemingly well, excepting slight cold, was attacked on the morning of the 13th, with uterine hæmorrhage followed in the afternoon by severe pains; saw her at 8 P. M. Gave opium and acet. of lead; left her quite comfortable; hæmorrhage nearly ceased. About 4 A. M., she expelled a polypous tumor about the size and shape of a human kidney; attachment about ¾ of an inch in diameter. Made an examination the next morning, but found nothing to indicate the existence of any more. Gave ergot; hæmorrhage ceased; gave stimulants and tonics and ordered generous diet. Questioned her in regard to her previous health. She said at times she experienced a queer sensation that she could not describe, extending over a period of several years, which often preceded a severe headache, though her health with that exception was good.

Examined tumor which was seemingly of slow growth, perfectly smooth on exterior surface and of grayish-white color. On opening, found it to be compact, and composed of a beautiful interlacement of fine white, tough, and slightly elastic fibres, and of reddish-white color. Could find no cancerous or ulcerative degeneration whatever. I feel quite satisfied with my treatment, my patient convalescing rapidly, though still in doubt as to the cause of detachment and expulsion of the tumor.

WM. L. MCKIBBIN, M. D.

Fulton county, Pa, Feb. 18, 1870.

NEWS AND MISCELLANY.

The American Medical Association.

A writer in the New York *Medical Record* comments in severe terms on the manner in which the American Medical Association knows how *not* to do the business which it ought to do. We agree with that writer, and have on several occasions expressed ourselves with candor to that effect. There are most important tasks for that Association to accomplish, and it sedulously avoids them. As journalists, we know many questions which the Association should confront, and if possible settle. We mentioned several shortly before the last meeting, and not one of them was brought up. We hope that the next meeting will prove more satisfactory to the profession.

Sale of Poison.

The State Board of Health of Massachusetts, in its Annual Report, considers a subject which recent experience has shown to be a very important one, viz., the sale of dangerous drugs. The Board comes to the conclusion that it would be unwise to restrict the physician or wholesale dealer in any way whatever. In relation to the sale of such drugs by retail dealers, the Board believes that a remedy would be found in the requirement of a specified amount of instruction and special training before the druggist should be permitted to engage in the business; and the attention of the Legislature is called to the subject. This is all very well, so far as it goes; but the reader will easily perceive that it goes a very little way toward preventing the evil complained of. The main trouble is not that druggists are ignorant, but that they and their assistants are insufferably careless and even reckless in preparing prescriptions. These they very often misread, although they may be plainly enough written. When they are badly written in bad Latin, as they often are, with the signs of pharmacy indistinctly indicated, then greater care still in reading is necessary. Some physicians' prescriptions are really cabalistic miracles of illegible penmanship; and when the compounder is in doubt he should resolutely refuse to go on with the preparation. As for the misplacing of bottles, and the wrong labels, the learning of Paracelsus would not remedy these; though a good judge and jury might.

Scarlet Fever.

Philadelphia has suffered severely from an epidemic of scarlatina, for a year past, and thus far it shows no indications of having exhausted itself. There were 13,428 deaths in that city, during the year 1869, of which 799, or nearly six per cent., were from scarlatina. This was an average 15 each week. On the approach of cold weather the disease seemed to increase, and during the nineteen weeks from Oct. 1st to Feb. 1st, there were 5,031 deaths in Philadelphia, of which 401 were from scarlatina. This was nearly 8 per cent, of the whole mortality, and was an average of 21 each week. It is probable that the disease will increase with the approach of spring as is usual with scarlatina. In Philadelphia, in 1869, the deaths from that disease were, first quarter, 167; second quarter, 227; third quarter, 150; fourth quarter, 225; whole year 799.

Camden Medical Society.

A few months ago the Camden City Medical Society sent a communication to the Board of Chosen Freeholders, in which they demanded that, on and after that date the members of the Society would expect an increase of fees (as per schedule) for holding *post-mortem* examinations when summoned to do so by coroners. The Board refused to pay any more than their usual rate of $10, whereupon the Society, at its last meeting, passed the following:

Resolved, That the members of the Camden City Medical Society decline to make, or assist at any *post-mortem* examination as directed by the coroner or coroners of Camden county, or by order of any court or courts of said county, until the fee bill, as already presented to the Board of Chosen Freeholders, be agreed upon by them.

QUERIES AND REPLIES.

Dyspepsia.

Reply to "D.," *Illinois.*—How do you know there is no fermentation of food?

If the patient is troubled with supra-orbital headache, constipation, cold feet, uneasiness in the region of the stomach after meals, furred tongue, and clay-colored stools, I would advise the compound rhubarb pill for constipation.

For the flatus:

℞. Acidi carbolici, gr. ij-j.
Glycerinæ, ℥j. M.
Sig.—Teaspoonful three times a day.

℞. Elixir. pepsini, strychniæ, et bismuth.
Teaspoonful directly after meals.

I have found the elixir to be of great benefit in dyspepsia. I believe it will cure when nothing else will.

Fred. Stearns, of Detroit, Michigan, makes the best I have seen, but his sweet quinine swindle leads me to doubt his preparations. I wrote to Tilden & Co. about theirs, but have received no satisfaction. The appearance is not uniform, and I fear it.

That manufactured by a firm in New York (Reed, Carmick, & Andrus, I believe) has not stood the test but may be good. Squibb, of Brooklyn, and Nichols, of Boston, do not make the preparation. J. W. CRAIGEN, M. D.
Emporium, Penn'a.

Ozæna.

MESSRS. EDITORS: Your journal of the 12th inst., page 143, contains two short articles under the heading of "Queries and Replies," on ozæna, in which information is sought. I have in the course of upwards of forty years' practice, had several cases of that loathsome and intractable disease; and have used in turn all the popular remedies of the day, with varying success and frequent disappointment, both to my patient and myself.

As time will not allow me to enter into a pathological history of this disease, its causes, history and symptoms; I will remark in reference to the treatment, that your correspondent, "C. P., M. D.," has hit upon the right remedy in carbolic acid. I have used permanganate of potash with varying success, but not at all equal to my experience of carbolic acid.

During the past year I have treated two cases of ozæna: the one of seven or eight, and the other of ten years' standing, with carbolic acid topically, and permanganate of potash internally in one case, and iodide of mercury in the other, (from an impression that there was syphilitic diathesis,) and in both cases the cure was complete. I have another case under treatment: a man, aged 34 yrs., a railroad employee, and great improvement has followed the treatment from the commencement, and a permanent cure seems likely to be the result, which I attribute chiefly to the local application of the carbolic acid.

W. MARSDEN, M. A., M. D., etc.
Place D'Armes, Quebec, Canada, Feb. 21, 1870.

Kerosene Oil in Cerebro-Spinal Meningitis.

MESSRS. EDITORS:

What do you think of the local application of kerosene oil to the spine, turpentine stupes to the bowels, and a cathartic, in cerebro-spinal meningitis?

The above treatment has been highly recommended by a distinguished Professor of a Western College, who says he has adopted it with great success in this disease, recently prevailing in South Carolina. He states that he has not lost more than three or four cases of the genuine disease out of a hundred.

He adds that he was equally as successful in his practice in the West, where he states that the disease is of *common* occurrence. As I do not concur in the above treatment, I would like not only to have your views on this, but on any other treatment which you might think would prove successful.

In my treatment of this disease, the mortality has been great.

Very Respectfully,

J. WALTIN HILL.

REPLY.—We think the treatment an absurd one, and that the Prof. in the Western College does not know cerebro-spinal meningitis when he sees it. We saw that disease in the winter of 1864-65 in the camps and hospitals of the West, and then, under every treatment, the mortality was *fearfully* great.

Gynæcological Inquiry.

EDITORS REPORTER:—Will you permit me to ask advice in regard to the following case:

Mrs. D——, in her first pregnancy, summoned me the first time on the 23rd of January, commencing with an attack of acute-hepatitis. I treated her accordingly, and on the 27th, she informed me she could not see. There was no perceptible congestion of the eyes, no inflammation, no opacity, only a slight heaviness of the organs, as she said. She wanted me to do something for her sight, so I cupped her, after which she was able to distinguish persons a distance of ten feet. She gradually got worse, and in two days after was perfectly blind. She continued to decline until the 2nd of February, when she aborted. She now seemed to do well for a few days, then assumed a typhoid type, had profuse epistaxis, abdomen tympanitic, hemorrhage from the bowels with diarrhœa, sudamina on the breast, slight delirium, and pulse 120 per minute. For which condition I prescribed turpentine, opium, lead, ice to the head, and warm applications to the feet, under which treatment she improved so far that she is now able to sit up half an hour at a time.

Cholagogue.

MESSRS. EDITORS.—In answer to "C. C. M., M. D.," in No. 676, page 144, I would strongly recommend the following as meeting almost every indication in his case:

℞ Fl. ext. taraxaci,
Elixir cinchonæ, ferri et strychniæ, aa. M.
Dose—two drachms, three times daily before meals.

Very obstinate hepatic troubles yield to the treatment. I prefer the elixir as prepared by Reed, Carmick, & Andrus.

W. E. H., M. D.

Dr. C. H. H., of Ky.—Will you please inform me through the columns of the REPORTER whether or not photographs of the Professors of Jefferson Medical College can be obtained, and at what price.

Reply.—You will find a reply to this a few weeks back in the REPORTER. We will sell you a steel engraving of Prof. Gross for $1.00.

Dr. W. W. A., of Tenn.—Please inform me the best vehicle of exhibiting *Chloral Hydrate;* how prepare solution; how often administered?

Reply.—Dr. Napheys, in his "Modern Therapeutics," gives this formula:

℞ Chloral hydratis, ℥ss.
Syr. tolutani,
Aquæ, aa. f.℥iij. M.
Sig.—One to four tablespoonfuls for dose, with water.

Dr. C. F. H. of Ill.—Has Tilt, on Menstruation, gone out of date, or is there a better work on that subject? if so, please let me know.

Reply.—We recommend to you Raciborski on Menstruation, if you read French. It is the best work on the subject in existence. If not, get Tilt, whose work we can send you, if desired.

Dr. R. P., Mich.—Is there such a work as "Da Costa on Medical Diagnosis," if so, what does it cost?

Reply.—There is such a work, and it will cost you $6.00,

MARRIED.

FASSITT—LARGE.—In this city, March 1st, at St. Luke's Church, by Rev. Dr. Howe, Dr. Theodore Fassitt, and Sallie, daughter of the late Robert H. Large.

HAYNES—PLACE.—Feb. 16th, in the city of Hamilton, Ohio, by the Rev. W. J. Fee, Dr. Moses H. Haynes, of Seven Mile, Ohio, and Miss Lizzie J. Place, of Hamilton.

DIED.

BLAKEMAN.—At Greenfield Hill, Conn., on Sunday, Feb. 27th, 1870, Rufus Blakeman, M. D., aged 75 years.

COVELL.—In New York, Feb. 28th, Mary Helen, youngest daughter of Dr. S. Covell.

CURTIS.—Feb. 26th, of scarlet fever, Julia Augusta, eldest daughter of Augusta L. and Dr. Edward Curtis, U. S. A., aged 4 years.

DILLARD.—At his residence, in this city, March 1st, 1870, Thomas Dillard, Surgeon U. S. Navy, in the 70th year of his age.

EVANS—In this city, Feb. 26th, Robert T. Evans, M. D.

MOORE—Dr. E. G. Moore, a well known physician of Concord, N. H., died on the 2d inst.

O'KEEFE.—Dr. David O'Keefe, physician at the Marine Hospital, Baltimore, died on the 2d inst. He was 41 years of age.

PILE.—In this city, Feb. 26th, Jeanette F., wife of Dr. Wilson H. Pile.

SMILEY.—In this city, Feb. 24th, Kate, widow of the late Dr. Andrew J. Smiley.

METEOROLOGY.

FEB.	21,	22,	23,	24,	25,	26,	27.
Wind.....	N. W.	W.	W.	W.	N. W.	N. W.	N. E.
Weather.	Clear	Clear	Cl'dy	Clear	Clear	Clear	Cl'dy
Depth Rain							Rain. 1-10
Thermom....							
Minimum..	12°	7°	19°	19°	16°	26°	27°
At 8, A. M.	17	12	29	25	21	32	31
At 12, M....	21	22	35	33	34	41	31
At 3, P. M.	22	24	36	36	35	41	40
Mean.....	18.	16.25	29.75	28.25	26.50	35.	32.25
Barometer..							
At 12, M...	30.2	30.1	29.9	29.8	29.9	29.7	29.7

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures.

LIGHT AND VISION—MORE ESPECIALLY HOW LIGHT IS CONVERTED INTO THOUGHT.

[*Being one of the Cooper Union Lectures for the Advancement of Science and Art, delivered in the Great Hall of the Cooper Institute, in New York, on the 26th of February*, 1870.]

By H. Knapp, M. D.,

Surgeon-in-Charge of the New York Ophthalmic and Aural Institute, lately Professor in the University of Heidelberg, Member of the Medical Society of the County of New York, etc., etc.

Ladies and Gentlemen:—When the Trustees of this admirable Institution, which enjoys a world-wide reputation, asked me to deliver a lecture on Light and Vision, I was so pleased with the subject, that I readily accepted the honorable invitation. This, however, was not without a feeling of great distrust in my capability to express myself well enough in a foreign language; and, moreover, before an audience essentially different from that I am accustomed to address. It is easy enough to speak in the language of science to the disciples of science; and of all lectures, those on mathematics require the least skillful expositor. But no lecturer can have a more desirable audience than one composed of the inquiring minds selected from all classes of the people, for they are most ready to appreciate the discovery, and feel the scope of grand truths; while, on the other hand their love of knowledge is so genuine, and their thirst for instruction so great, as to excuse in the speaker many imperfections of delivery.

There are not a few learned men opposed to popular lectures on scientific subjects, alleging that science can only be understood by scientists. This, it seems to me, is just as absurd as it would be to pretend that music should only be listened to by musicians. The technicalities of scientific researches may be reserved to the laboratories; but the results of science, being the objects of humanity, the sources of prosperity, and the religion of civilization, belong to the people.

As far as my experience goes, there are more lecturers who fail by underrating the intelligence and culture of their audiences than by overrating them. Starting from fundamental facts, and rising, step by step, every thinking mind may be led into the loftiest regions of human knowledge, where a view of surprising extent and unexpected magnificence will reward him for some roughness, of which even the smoothest paths of earthly travel are not altogether free.

I shall endeavor, to the best of my ability, to lead the way into one of these elevated regions which, though not affording the ephemeral amusement of a theatrical representation, will provoke, unless I am wholly inadequate to the subject, a lasting impression of the divine harmony of nature, and the power of the human mind to penetrate its mysteries.

Light and Vision is too vast a subject for a single lecture. I shall, therefore, confine myself to the exposition of one question of paramount interest connected with it, namely, "*How is light converted into thought?*"

This problem is not new. On the contrary, it has a history dating back to the works of the earliest philosophers; while it still engages the untiring efforts of the greatest naturalists of the present day. Let us consider what were the course and practical results of this

long series of investigations, engendered and kept alive by a question of apparently little practical importance.

As the origin of all ideas may be traced to impressions on the senses, the highest of them, sight, is consequently the most fruitful source of ideas, and its organ, the eye, the broadest channel for conveying impressions to the brain. All speculation on thought, therefore, had to take into consideration, above all, how an impression of light is transformed into an idea. This is the reason that at all times light and vision have concentrated the efforts of the greatest naturalists and philosophers. The opinions on vision entertained by the prominent thinkers of every century had so great an influence on the general opinions concerning all material and spiritual matters, that the history of the theory of sight *constitutes a faithful mirror of the history of philosophy.*

The perceptions of sight and hearing are distinguished from those of the other so-called lower senses, by the remarkable fact that, in the former, the objects perceived act from a distance on the organs of sense; while, when we feel, taste, smell something, the perceived object comes either in solid, liquid, or gaseous state, in contact with the terminal fibres of the sensitive, gustatory, and olfactory nerves. How is it possible for me to open my eyes, and instantly take in the sensation of a landscape of almost infinite extent, whilst not the smallest particle of it touches any organ of my body? I see a mountain far away. This is a commonplace observation, you say; but if I ask how this observation is at all possible, and how it is accomplished, you will, most likely, be just as much puzzled as the illustrious philosophers of antiquity, the mediæval mystics, and the profound and learned scientists of modern civilization.

The old Greeks asked themselves, above all, this question: Does the mountain I see yonder come to me, or do I go to the mountain? Their opinions differed; some held to the one, some to the other, some to both at the same time. Democritus and his adherents supposed that a subtle substance, *light dust*, detached itself from objects penetrated into our eyes, and was perceived by them.

Others believed that light dust emanated from our eyes, impinged upon the surface of objects, and caused a sensation of the latter, by either returning to the eye, or remaining always in connection with it.

Plato started with the axiom that only homogeneous substances are capable of acting upon one another. Light dust, must, therefore, said he, not only be detached from the object, but also emanate from the eye. Both meeting midway between the object and the eye, cause, by their contact, visual sensations of light, color, and form.

The great philosphical mind of Aristotle refuted all these theories, and replaced them by another coming nearer to the truth. If a subtle light dust, argued he, detached itself from the object, it would require a certain time to travel to the eye. The perceptions of sight, however, are instantaneous. We open our lids and at once the remotest objects would, were this hypothesis correct, be the more clearly seen, the nearer they are to the eye. But the truth is, we see them indistinctly when they are held close by. If, on the other hand, light emanated from the eye, the eye would, above all, see itself; and it being the origin and source of light, would also illuminate the darkness.

His theory was the following: Between the visual object and the eye there exists a subtle substance, capable of assuming different states. In the state of activity, it becomes transparent and excites the eye, as light; in the state of rest it becomes opaque, and produces in the eye the sensation of darkness. Both states, light and darkness, combined in different degrees, produce the variety of colors.

The Aristotelian, was the theory generally received, up to the time of KEPLER, in 1604. This great naturalist applied the principle of an invention of PORTA, viz., the well known *camera obscura*, to the explanation of the act of vision. He said the eye represents a natural camera obscura, having a system of transparent collective lenses (cornea, crystalline lens, aqueous and vitreous humors) walls blackened inwardly, and a receptive screen, the retina. When the eye like the photographer's camera, is turned toward an illuminated object, an image of the latter is cast upon the retina. Kepler reviving the theory of Democritus, explained vision as follows:—*Images*, detached from the visual objects, enter the eye and place themselves upon the retina. There they are *touched* by the *spirits of the optic nerves*, which then communicate their impressions to the *soul* whose seat is in the brain. From the report of the optic nerve spirits, the soul draws a conclusion or passes judgment, and this con-

stitutes the notion or idea we have of the object. In case the soul, while forming an idea of a thing, does not rely on the report of the spirits of the optic nerves alone, it sends the spirits of the sensitive nerves into the ends of the fingers, ordering them to examine the same object by the touch. After the reception of their report, the soul forms a judgment on the statements of two witnesses, in order to guard itself against the fallacy of one-sided impressions. Thus Kepler held the three periods which constitute the act of vision, definitely apart, though his manner of conception and interpretation appears, now-a-days, rather childish.

The first and second periods of vision, the physical condition of the formation of the visual images, and the physiological process of receiving and conducting the light impression to the brain, have been explained, thanks to the progress of science, in a surprising manner. But we must confess that our knowledge of the third period of vision, the psychical work of forming the idea, is still in its infancy. Kepler was able to explain the first period of vision by the physical laws of optics, but his century was not yet prepared to comprehend the second period of vision, the physiological sensation of light: he resorted to personifying as the human mind is accustomed to do, when, ever its knowledge is unripe. He needed the spirits of the nerves, which constituted as it were the emissaries of the head of the government, the soul. With regard to the latter, we also, the enlightened citizens of the nineteenth century, must resort to personifying no less than Kepler, one of the founders of modern astronomy. A real or scientific comprehension of the nature and faculties of the soul will not be possible until the anatomy and physiology of its seat, the brain, are satisfactorily understood. Our knowledge of the brain, however, and methods to inquire into its structure and functions, are like those of a boy, who, impelled by scientific proclivities, beat a watch to pieces with a hammer in order to learn what was contained within the little case. To former centuries the eye was a case as dark and incomprehensible as the brain still is to the present. Let us, therefore, proceed to consider how we have discovered the structure and functions of the eye.

Kepler supposed that the retina was the percipient membrane of the eye, because it corresponds to its focal plane, that is, to the point of union of rays coming from distant objects. This can be easily demonstrated by turning an eye, removed from an animal, toward a luminous object, for instance, a candle, a small image of which will be plainly visible upon the opposite point of the eyeball. This retinal image, however, showed one quality which gave rise to a good deal of discussion from the time of its discovery to the present epoch, I mean the reversion of the retinal image. The same peculiarity obtains in images cast by any collective system. In the pictures of the camera obscura all the objects are inverted. When in the retinal images everything stands upside down, how then, is it that we see objects in the natural upright position. This was the universal and puzzling question.

Berkeley, in 1709, was the first to give a reasonable explanation. He argued: The earliest conscious observations of a child are the movements of its own hands. If you watch a baby a few months old, you will notice the queer and manifold movements of its hands and fingers, while its yet unsteady gaze is directed on them, and every now and then the fingers are brought to the mouth. These are the studies of the little creature. The hands and fingers cast images on the retina, which it learns to comprehend. It calls in aid the senses of touch and taste, and by unvaried comparisons of the impressions which the same object makes on different senses, it learns to refer these impressions to the same object. In this way it acquires a notion of the different qualities of a thing. Some of these qualities can only be furnished by one sense; for instance, light, colors, taste. Others may be perceived by two and more senses, for instance, the position and size of objects. The hand brings itself and things within its grasp, in contact with the lips and other parts of the body. Their positions, size, warmth, consistency, and other qualities are thus felt and recognized. At the same time the eye watches these movements, and, by numberless repetitions of these simultaneous observations, the mind learns to bring the impressions of the eye into harmony with the impressions received from the nerves of feeling. Constant habit establishes a law, and it is not astonishing to find such a law also in the sensations of the retinal nerves. Each nervous fibre receiving, at all times, the image of an object invariably from the same direction, can-

not but refer an impression to a luminous object placed in the like direction. This law is so compulsory, that irritation of the retinal nerves by other causes; electricity, injuries, etc., are always judged in the same way as referring to luminous objects, which would have cast their images on the parts of the retina excited by the electric current, the injury, etc. If you press quickly with your finger on the temporal side of your eye, you will perceive a luminous flash over the nose. In this way all the impressions of the retinal nerves are referred to objects without the eye, lying in the opposite part of the field of vision. Physiologists call this invariable mode of interpretation of retinal impressions by the mind, *the law of projection of the retina.* Being a law of nature, it admits no arbitrariness of judgment, no divergence of its meaning, no exception. If any part of the retina is excited by rays of light, pressure, or electricity, the mind always sees a luminous object in a definite direction, which is determined by a straight line drawn from the excited point of the retina through a point near the posterior pole of the crytalline lens, called the optical centre, or the nodal point of the eye.

In ordinary vision the outward world is portrayed as a miniature panoramic picture on the retina, every point of which is referred by the mind to the corresponding point of the landscape spread out before the eye according to the law of projection. The mind has not the least cognizance of the way on which the light, exciting the retinal fibres, traveled. If a prism or any other optical contrivance, be interposed between the luminous body and the retina, whereby the rays are deflected from their original straight lines, the mind knowing of no other code while judging the retinal images than the law of projection, sees the object in a wrong position. If the vitreous humor, lying before the retina, is not pure, but has some opaque spots in its tissue, they cast a shadow on the retina, which is mistaken for a dark object outside the eye, a floating mote, etc., according to its shape. Numerous errors are committed by relying solely on the impressions of one sense. They are called illusions, and many of them amuse or frighten people according to their nature.

If we recapitulate this chapter on the reversion of luminous object and retinal image, and the interpretation of the latter according to the law of projection, we arrive at the following summary.

The mind is in intercourse with the outward world by means of a pictorial language, photographed upon the retina. It has learned, in early youth, by habit and the co-operation of other senses than that of sight, to read this pictorial language according to a certain law, that of the projection of the retina, by which every point of the miniature panorama on the retina is referred to an object point, lying on the opposite side in the real landscape.

This sentence expresses in brief the opinion entertained by the most advanced natural philosophers of the present time regarding the art of vision. It gives a general idea, a rough outline of our subject, how light is converted into thought. But were I to stop here, I should have treated it very unsatisfactorily, leaving it immersed in a sea of obscurities. To dispel these we must advance further into the temple of science.

The sun, the central body of our planetary system, is a glowing map, surrounded by an atmosphere of glowing vapors. Light and heat emanate from it to create and sustain all animal and vegetable life on our little planet. According to modern science, both light and heat are not real, physical particles, or molecules, detached from the incandescent body and propelled through space with almost inconceivable velocity, but they are *a mode of motion*, transmitted from one particle to another. The single particle makes but an exceedingly small movement, always like a pendulum swinging to and fro about its point of rest, but imparts its motion to the neighboring particle almost instantaneously. Thus the original impulse given by the glowing body to the nearest molecules, is transmitted to an infinite number of others with incalculable speed, and this transmission is called *the propagation of light.* Its velocity is approximatively 200,000 miles in a second. The particles which are excited by the glowing substance to perform these vibratory movements, are supposed to be of the utmost subtlety, and to fill not only all space, celestial and terrestrial, but to pervade all bodies. They are called *luminiferous or light ether.* Their rarer or denser accumulation in different substances has a remarkable influence on the course of light. Through substances of equal density, light travels with the same speed, and the transmission of the vibratory motion from particle to particle is perfected in a straight

line. This transmission is nothing else than what we call a *ray of light*—a sun beam, if it comes from the sun. But any glowing body emits rays which travel through space in straight lines as long as their course is in the same medium. As soon, however, as the density of the substances changes, the rays of light are deflected from their original course.

When we accompany a ray of light as it proceeds from the sun, we have first to travel through an immense space, filled only with ether. The sun beam passes through it in a straight line, until it reaches the atmosphere of the earth, which, being a denser medium, deflects it somewhat from its original course. After having traversed the atmosphere, it illuminates the landscape around our dwelling-place, and, reflected from the objects enters our eye, where, after various refractions, it ends in the retina.

[TO BE CONTINUED.]

COMMUNICATIONS.

A CASE OF LARYNGOTOMY.

BY I. W. HEULINGS, JR., M. D.,

Of Haddonfield, N. J.

Called Friday Feb. 18th, 1870, to see M. E. G., wife of a laborer aged thirty, poor, with hardly the necessities of life; found her suffering with a very much inflamed throat, extending from the fauces to the larynx, considerable fever, pulse 90, skin dry and hot, tongue dry and slightly furred. Diagnosed diphtheria. Ordered a wash of argent. nitras, gr. xl to f.℥j., aqua, applied every five hours and powders each containing

℞. Alum. gr. iij.
Pot. chlor., gr. x. M.

Every four hours, with a view of preventing if possible the extension of the inflammation. Not having these medicines with me I gave prescriptions directing them to be procured as soon as possible. Did not visit her again until Sunday Feb. 20th; found they were unable through poverty to procure the medicines, consequently had used a little salt and vinegar, and awaited result, which was an extension of the inflammation into the larynx, accompanied with a deposit of that tough membrane so characteristic of this malady. Pulse, 100, skin dry and very hot, tongue furred thickly, and deprived of all moisture; weak, complaining much at every attempt to swallow; gave the same wash and powders as above and also ordered inhalations of the vapor from slacked lime; milk punch, beef tea, etc.

Monday, Feb. 21st.—Much worse; complete inability to swallow, and almost complete inability to breathe. Pulse 120, quick and soft. I immediately concluded that her only chance was in laryngotomy; so expressed myself to the family, to which they and she reluctantly consented. After administering chloroform to anæsthesia, with my patient in the recumbent posture, with a large pillow back of her neck, and one smaller under her head, and no assistance save the family, I began. Cutting carefully down to the crico-thyroid membrane, from the lower third of the thyroid membrane to the upper third of the cricoid; then seeing that there was no blood to pass into the larynx I divided said membrane. Having no laryngeal tube to introduce into the opening, I substituted the largest quill I could obtain, and fastened it by running a large pin through it, and fastening threads to the pin on each side, then passing the threads around the neck. I remained an hour after, and found she was immediately able to breathe better, and soon to swallow better; ordered stimulants every four hours constantly during the remainder of the day (then 4:30 P. M.,) and night, and a wash of tinct. ferri chloridi.

Tuesday, Feb. 22d.—Better; not much difficulty in breathing, nor as much in swallowing; considerable membrane has escaped through the quill, which has been kept clear all the time. Pulse, 110; continued same treatment, laying stress upon nourishment, and adding tinct. ferri chloridi et quinia; the wound she complained of being very much irritated by the quill, so allowed her to remove it, which I knew she would do in my absence. She spent part of the night in bed for the first time since the 20th.

Wednesday, Feb. 23d.—Not so well; pulse 110; very much depressed; ordered continued stimulants, with inhalations of vapor from slacked lime again; the wound is also at its edges covered with a deposit of membrane.

Thursday, Feb. 24th.—Much better; pulse 108; membrane beginning to loosen some, and much passing through the wound.

Friday, Feb. 25th.—Still better; from this time she steadily improved.

On the 28th, Sunday, I closed up the wound

with three silver sutures. Her pulse continued high for several days, (108) though more full.

March 2d.—Found her coughing considerably, and expectorating a quantity of a tough, leathery membranous substance; wound healing nicely from bottom, but owing to her cough, two of the sutures tore out from without; renewed them; pulse 85; stronger; ceased attending March 4th.

But, says one of my neighboring brother practitioners, "my experience has been that patients suffering with diphtheria die rather from exhaustion than from suffocation as in croup proper." In many, and in probably a majority of instances they do, but I think there is always more or less of a respiratory difficulty, and frequently inability to breathe, as in this case; probably in adverse order to the constitutional trouble, is the local difficulty.

I am aware of the blood poisoning, and its gravity in the disturbance. Even in those cases, where there is *only difficulty*, in fully expanding the lungs, I believe the blood poison has a more deteriorating effect, than if the lungs played freely and fully, or, in other words the fact of the blood's being thoroughly aerated renders the poison therein contained less depressing.

In those cases among which this is included, in which there is inability to breathe, from the deposit of false membrane, I think laryngotomy, or tracheotomy, (as the case may be), decidedly indicated, and if I am positive of any thing in medicine or surgery, (and I think I am), I am satisfied the operation in this instance saved one human being from a premature death.

Chas. West, in his "Diseases of Children," says (page 336), "I have come indeed to the conclusion which I have long hesitated to adopt, that what differences soever exist between croup and diphtheria, they must be sought elsewhere than in the pathological changes, observable in the respiratory organs; and when once it has invaded the air passages, diphtheria seems to produce precisely the same changes, to the same extent, and with at least the same rapidity as primary croup;" but he goes on to say the difference is very apparent in other respects, as we all know, and no one would contend for the similarity of the two affections: only as to the propriety sometimes of operative interference do I contend.

Smith also in his work on children pages 444, 447 and 457 has some references of worthy import, which it would be useless for me to quote filling your valuable journal with twice told tales. I would like to hear from some of the many subscribers to the REPORTER, who may have met similar cases.

THE THERAPEUTIC VALUE OF SCUTELLARIA.

BY D. C. LEAVENWORTH, M. D.
of New Haven, Conn.

Having prescribed this medicine to a considerable extent in my practice, I am prompted to give some of the results of my experience, and thus add my testimony to its valuable therapeutic properties.

I am under the impression that its importance as a nervine—besides other medicinal qualities which should recommend it—have to a great extent been overlooked and neglected. In our desire to try new remedies we are inclined to neglect and undervalue those which have proved reliable for the relief and cure of disease. Then this medicine has been used quite extensively by irregular practitioners, which has a tendency to prejudice the profession against it. Again the popular credit it obtained at one time as a preventive and cure of hydrophobia—it being claimed by its advocates as a specific in that terrible disease—caused it to receive the fate of many other medicines which being overestimated, are apparently sooner forgotten, and neglected. I have no doubt that from this, and similar causes many truly valuable remedies, have been disregarded by the profession, which would have proved of much service to us.

The value of scullcap consists in its combination of nervine tonic and other medicinal qualities. I have used it in various nervous diseases—more particularly in those nervous diseases—which require a nervine and tonic combined. I consider it especially applicable in low forms of fever, where the patient is quite restless and nervous. Also in the various forms of nervous disease incident to females. I have obtained marked success from its use in cases of epilepsy, infantile cerebral diseases, mental disease resulting from masturbation. It will be found beneficial for calming the excitability of the nervous system, especially where the brain has been overtaxed, and the mind is depressed and weakened, referable to cares and anxieties.

As an illustration of the beneficial effects, I

have observed in prescribing it, I give an abstract of two or three cases from note book.

Case 1.—A young man age 22; expression dull; appetite irregular; bowels at times constipated; lungs and heart in healthy condition; the urine upon testing it, I found to be normal, except occasionally there was a light cloudy deposit. He denies ever being addicted to the habit of masturbation. In early childhood he enjoyed fair health. The epileptic fits commenced about the seventh year; soon after an attack of scarlet fever. From that time he had on the average, one or two a week, sometimes two in one day. He generally had an intimation of their approach, but often they would prostrate him suddenly without premonition. I tried various remedies, among others strychnia, bromide of potassium, etc., with little benefit if any. I finally prescribed fl. extract of scullcap, and in a few days there was an improvement; and after a few weeks he seldom had a return of the fits, and they occurred when he omitted to take the medicine. At the present time—about three years since, I first prescribed for him—he informs me that he has had no attack for several months. Occasionally when he feels nervous he resorts to the medicine again.

Case 2d.—A woman who had for some months been afflicted with uterine disease consulted me. When I had by local applications subdued inflammation of the os uteri, there remained a nervous depression and debility which did not prove amenable to the usual course of treatment by tonics, nervines, etc. At last I commenced the use of scutellaria, combined with strychnia. There was soon a change for the better, and at the present time, now nearly sixteen months, she is enjoying comparatively good health.

Case 3d.—Typhoid fever. A young woman age 24. The fever, as usual, had commenced insidiously, and before her friends were aware of it she was prostrated. When I was called, found her under a fully developed fever; pulse 122 to 230; tongue heavily coated; face flushed; and that peculiar expression of countenance which we all know so well. This was a case in which those of our friends in the profession who advocate stimulants with such persistence would probably have used quantities of whisky. Although I believe in a proper supporting treatment in cases of fever and other diseases, yet I do firmly believe that the profession is sustaining much injury,—and also indirectly causing intemperance in the community—from the injudicious course that many physicians are adopting in the excessive prescribing of stimulants. But to return to my subject. I pursued my usual course of treatment under similar circumstances. After three or four days prescribed scutellaria with the other medicines. The patient recovered, free from the nervous depression, which usually is present after recovery from typhoid fever.

With other patients of both sexes and various ages, I have pursued a similar course with this medicine, and I attribute much of the success I have experienced in these cases to the use of scutellaria.

The preparation called *scutelarin* a precipitate from the concentrated tincture, I understand has been used with success, but I have not tried it. I hope that some among your numerous readers will give us the result of their experience with the medicine.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Clinic of F. F. Maury, M. D.

March 2, 1870.

(reported by ralph m. townsend, m. d.)

Gentlemen:—Many and varied are the manifestations of syphilis which we have witnessed during the past few months; but we have barely entered the field, and in weeks to come I shall show you other cases, as numerous, varied, and interesting as those we have already studied.

I now introduce to your notice a man laboring under a double syphilitic affection, the first of which is—

Ozœna.

The discharge attendant upon this affection always proceeds from bone involvement or implication. Bones composed largely of spongy tissue, as the ethmoid and inferior turbinated, are the ones most generally attacked. In syphilitic ozœna the nasal passages, the antra and the frontal and sphenoidal sinuses may ultimately become involved, for all their cavities are lined by one continuous mucous membrane.

Understand, then, that ozœna is both difficult to treat and know. The geography of the affected district must be ours. Find out what progress the disease has made. Tell the patient that alleviation of symptoms within six months will satisfy expectation, if the case be a hard one, and to look for no approach to cure within a year, even when your advice is most skillfully and conscientiously followed.

This inflammation runs from mucous membrane to sub-mucous areolar tissue, to periosteum, to bone.

Treatment.- Cleanliness–only obtained by thorough washing. Cleanse the parts with Thudichum's apparatus charged with salt and water. What should be the strength of the latter? Enough water to effect the object, viz: cleanliness, and enough salt to medicate, ordinarily a tablespoonful of salt to a pint of water will give the requisite strength. This wash should be used twice or oftener per diem, and at least once a day some deodorizing lotion should be passed into the nasal cavities.

Of the latter I will mention a few of the best. First comes the liq. zinci chloridi, prepared according to Bennett's formula. This is a poison, and should so be labelled, but it is one of the best of detergents. We can use thirty drops of it to one pint of water, in the beginning. Be careful in its use, especially with women and children. On its causing them pain and unconsciousness at first, they will shrink from its use afterwards. Permanganate of potassa, used in solution of sufficient strength, is a reliable preparation. Labarraque's solution, two tablespoonfuls to the pint of water is another efficacious deodorizer. In using Thudichum's apparatus, direct the patient to bend his head over the chest, to to keep his mouth constantly open, and to draw the breath in. In most of these cases of ozœna, the olfactory powers are impaired, if not altogether abolished. In the treatment of these cases local and constitutional remedies hinge upon each other. As a rule these patients are broken down, and demand the administration of ferruginous tonics, and the proper so-called specific treatment. Caution here as elsewhere must be observed in the use of mercurials. Mercury must always be carefully exhibited to a broken-down man. In the case before us I shall give twenty-drops of the syrup of the iodide of iron, six grains of the iodide of potassium, and the one-twelfth of a grain of the corrosive chloride of mercury, in combination, three times daily. Besides the affection of his nose, this man also labors under one of the

Results of an Inflammatory Chancre.

You observe the stunted appearance of his penis. The glans penis, and foreskin have been eaten away, and the hard cicatrix resulting, is an impediment to the free passage of his urine. These are cases that you will be frequently called upon to treat, and it is your immediate duty to find out the nature and cause of the obstruction. This delayed, we may have inflammation of the bladder, uterus and kidneys, as secondary results. [Dr. M., with knife and scissors now trimmed away some of the redundant cicatricial tissue, and with a probe endeavored to find the orifice of the urethra. This was rendered the more difficult by the patient having previously passed his urine, and hence the want of the latter to indicate by its flow the channel of the urethra. Finally an orifice was entered which allowed the passage of an instrument for about three inches. Sounds of different sizes were introduced and the cavity *bored*, until the point of the last instrument reached the bulb. Here the operator ceased his exertions, not caring to renew them before Saturday. The whole urethral tract was callous, strictured and tortuous. R. M. T.]

Lichen.

The patient who now presents himself, was before you on the 5th of January last, suffering from a papular eruption-lichen. As a result of the treatment (sulphur vapor baths four times a week, along with milk, porter, and ferruginous tonics) the eruption has disappeared. A discoloration of the skin marks the site of the papules, and this is increased by cold, but will in time disappear. This man also suffered from the result of an inflammatory chancre, and at the last clinic I drilled out his urethra, and as a consequence you see with what ease to-day, I pass an instrument into his bladder.

The next case that presents itself is one for completion. This is the man whom I cauterized at clinic with a hot iron, for an ulcer of seven months standing. He is almost cured in ten weeks. I will repeat the cauterization along the edge of the wound, which seems somewhat indolent. [With a hot iron, Dr. M. then rapidly run along the edges of the ulcer. T.] Old syphilitic ulcers in their secondary and tertiary form are good subjects for this treatment. Take two ulcers of equal duration and size, one specific and one not, *cæteris paribus*, the former will outlast the latter, and needs a profound impression to cause its resolution. Its best resolvent is contact with iron at a white heat.

Urinary Calculus.

The patient now before you, is the one from whom, three weeks ago to-day, I removed a stone weighing 5 drachms. I operated upon this same man two years ago,—when I removed by the left lateral a stone weighing ℥j ; phosphatic in its composition. At present there is another small concretion in his bladder, and the question naturally arises, shall I allow it, for the present, to remain, or remove it through the old wound, which has not yet healed, or crush it. I propose to do the latter. As I pass my sound into the urethra, slowly and cautiously, so as not to hook in and tear the old wound, it comes in contact with a fragment of stone impacted in the urethra. [Having failed to draw the stone out Dr. M. pushed it back into the bladder. T.] I now introduce the lithontripter of Sir Henry Thompson, and separating the blades, there immediately falls a fragment of stone into the jaws of my instrument. This I crush; again separating them, I catch another fragment, which I treat in like manner, and then withdraw my instrument. You see the whole pro-

cess has occupied now less than a minute. Here let me explain to you an idea as to how the lithontripter should be managed after its introduction into the bladder. Having fairly entered the instrument within the viscus, separate the blades and then gradually close them to see whether the stone has fallen between them. If not, again separate the blades, and then rotate the instrument on its long axis, describe an arc, and then close them, and if unsuccessful, again proceed as before in another direction, and if the stone is not grasped, withdraw the instrument and wait until another day. By such procedure you search every portion of the cystic cavity; and with proper tact, only acquired by careful practice, you will generally succeed in grasping the foreign body. Be careful in withdrawing the instrument, and if it catches, separate the jaws, for probably you have a piece of the mucous membrane of the bladder caught. Now that my instrument is withdrawn, the crushed fragments of stone upon its teeth, are unmistakable evidences of my having crushed the calculus.

Psoriasis.

The girl now in the arena is suffering from a form of scaly eruption denominated psoriasis; her age is 22.

From a Greek and Hebrew root signifying dirty malignancy. There are three varieties of scaly skin eruptions—pityriasis, ichthyosis, and psoriasis. This latter affection is characterized by an increased secretion of epidermic scales, together with some exudation into the cutis, causing a thickening of that structure.

This affection may either be congenital or acquired. In this case I would call it congenital, having made its appearance two weeks after birth. Psoriasis commences by the appearance of little whitish spots, due to accumulation of epithelial scales detached from the cutis. These spots constitute the *psoriasis punctata*. As they enlarge the patient looks as if he had been spattered with mortar, and then the affection is designated *psoriasis guttata*. And so according to the shape which the affection assumes or its duration. We have *psoriasis circinnata*, *diffusa*, and *inveterata*. This form of skin disease frequently invades the greater part of the surface, but sometimes we find it throughout its course limited to one region. The situations most frequently attacked in the beginning, are the elbows and knees. In this case it first commenced about the face. This affection may be either specific or non-specific, but in both cases is apt to be chronic. It may last from a month to thirty years and then suddenly disappear. It is not common between the ages of sixteen and thirty years.

Chronic non-specific psoriasis may resemble either *eczema* or the *squamous syphilides*. In the first, there is always at some period serous exudation, which on the head, tends to glue the hair together. The scales of eczema are not so thick, white and adherent as those of psoriasis.

The squamous syphilides differ from psoriasis in being covered with thinner, less laminated scales, not very white, and usually accompanied with a papular rash. Then the history and concomitant symptoms will generally serve to remove all doubt.

Treatment.—For this affection we have no broad range of remedies, but a few local, and fewer constitutional. In the books we see recommended for internal use, Fowler's and Donovan's solutions, and the solution of the arsenite of soda, to be used and increased until we have itching and puffiness of the eyelids resulting. This disease is often associated with defective nutrition. If pyrosis exists rectify it with bismuth. Regulate the diet and secretions by simple but appropriate means. Tincture of cantharides occupies a prominent position, as being almost a specific for the disease. Its use is pushed far enough when it produces strangury and bloody urine. The dose should be two or three minims, gradually increased to ten or twelve, three times daily. The remedy to which I give the preference, and to which I think none other can compare, is the tincture of chloride of iron, combined with Fowler's solution and the bichloride. Such an eruption as psoriasis is but the outward and physical sign of some internal pathological condition. Arsenic will not cure the disorder if the gland and the juices are not proper in quantity and quality. In such a case as the one before me, I would take an old combination of the muriated tincture of iron, Fowler's solution, and corrosive chloride of mercury. I will give it a fair and continued trial, and then if it fails will resort to cantharides, as recommended by Hardy, or some kindred remedy.

Locally we may use the ointment of the green oxide of mercury, one part, to simple cerate seven parts. Helm says nothing equals the sapo viridis, or unguentum picis liquidi, or an ointment composed of equal parts of soft soap, spirit, and tar. This we will order for our patient, first removing the thick scales by a water dressing, and then rubbing the ointment firmly into the denuded and reddened derma. Some will object to the smell of the tar. Its impression upon the system will be witnessed in its giving an olive-green or black transparent urine, of a strong tarry smell. Sometimes the entry of the tar into the circulation produces a toxic effect, as witnessed by shivering, nausea, vomiting, and copious diuresis. Bear this in mind. The diet should be nutritious but not too rich. Salt meats, pork, spiced dishes, shell fish, strong coffee, and alcoholic drinks are to be forbidden.

—— "When my druggist poisons me," says a French journalist, "they simply fine him; but when I poison my druggist, they send me to the guillotine."

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

February 2d, 1870.

A CASE OF PNEUMONIA.

BY C. G. COMEGYS, M. D.,

Professor of Clinical Medicine, Medical College of Ohio.

REPORTED BY DR. J. W. HADLOCK.

On the morning of the 14th inst., I was called to see Frank K., æt. 5 years; a plump blond of German parentage. He had had measles with fullness of the eruption, and with nothing in the beginning or progress, in the estimation of the mother, to require the attention of a physician until the closing period of the eruption, when a high fever came on with rapid breathing and great prostration. In this condition, I was called in, and found his left lung full of bronchial râles, the right in the second stage of pneumonia, in most of the middle lobe, with crepitant râles about it, and subcrepitant in the upper and lower lobe. The cough was very harrassing. His temperature was 120° F., pulse 145, respiration 50 per minute. The urine was not examined. The thirst was excessive, no appetite, diarrhœa, stools thin, greenish yellow.

I ordered a towel, thoroughly wrung out of cold water, to envelope his chest from the axilla to the short ribs, over which several thicknesses of flannel were to be placed to keep the moisture from the sheet; this to be reapplied as often as it should become dry, usually three and a half hours.

Internally I directed ½ gr. quinia every four hours; two drops of verat. viride, every three hours with four drops of equal parts of tinct. opii and tinct. camphoræ for the diarrhœa, and to relieve the cough as well. The diet to consist of beef juice freely, and one ounce of wine to be made into whey, to be taken in twenty-four hours.

On my visit next morning, found the temperature increased to 103 8-10°, pulse 100, respiration 40 per minute, diarrhœa not much checked, condition of the lung not much changed. The verat. had produced too much nausea. Cough a little less. I now shortened the interval of the doses of quinia to 3 hours, and doubled the wine whey. The verat. reduced to 1½ drop.

On my visit in the afternoon the temperature had fallen to 102½°, pulse 108, respiration, 40. Ordered bismuth for the diarrhœa. Treatment continued.

On the following morning found the temperature 101°, pulse 108, respiration 36, diarrhœa improved. Continued treatment.

On my next daily visit found the temperature 100°, pulse and respiration the same, no diarrhoea, stopped veratrum and wet bandage, continued quinia, and as the little fellow, true to his race, liked lager beer better than wine whey, substituted it.

On the following and fifth day of my visits found him convalescent, bronchial breathing gone, vesicular murmur established.

Ceased my visits with general direction in regard to diet and exposure to currents of air.

Remarks.—This it will be seen is not a case of *frank* pneumonia, and the indications were to avoid any treatmeut that would reduce the vital forces. The pressure had of the capillary circulation is the prime consideration in all diseases.

It is now agreed on all sides that fever exhibits the abnormal combustion of tissues. The proximate principles of the body are more readily destroyed than the inorganic compounds, and then the first, therefore, yield readily to the destroying action of oxygen, when from any cause the vital resistance is lowered. This, in my judgment, is the nature of fever in all its diversified relations.

The quinia was, therefore, given because of its tonic properties, that is, the highly organized tissues, nitrogenous and non-nitrogenous, have such vigor imparted to them by this agent that they resist the destructive changes exhibited in so marked a manner in fever. It is therefore *par excellence* antipyretic. I gave it therefore when the temperature was 102°, and when on my next visit the temperature had arisen to 103 8-10th°, I increased the quinine one third.

For twenty years I have used wet bandages, simply for refrigeration, and with this view only. Heat is a vital stimulant of the first rank, without it organic life is impossible, but when it is increased abnormally, the organism is stimulated too much, the heart is liable in this way to have its irritability exhausted; hence to my mind pains must not only be taken to resist the development of fever as above indicated, but at the same time, by refrigeration, to reduce its violent stimulative power when developed.

The wine whey was given from the first as a vital stimulus to assist in resisting the tissue change, and when the fever was observed to increase so decidedly, I doubled the wine whey. It is now agreed that alcohol decreases temperature.

The veratrum viride was given simply as a hydrostatic agent, that is to reduce the frequency of the heart's action, and thus to favor the capillary flow, for we now know that in disease the capillary circulation is hindered when the heart's action is most rapid. I could make many illustrations of this mode of treatment of febrile conditions in all diseases, but your limited time will not allow it.

Editorial Department.

Clinical Lecture on Injuries of the Head.

This subject was treated and illustrated by two cases of injury to the head by Mr. Paget (*British Medical Journal*).

In the first case, a boy, aged 11 years, met with an accident which caused a compound, slightly depressed, and starred fracture of his left parietal bone. He was stunned for some hours, then vomited, and the next day sat up in bed and answered questions. He had, then, no symptoms of compression, and for that reason he was not trephined. He went on well for twelve days, but, on the thirteenth, he was found to be flushed, and to have a rapid pulse, quick breathing, and a temperature of 103.2; two days later, he was found to have signs of double pneumonia, after which, he gradually sank, and died two months after the accident. At the *post-mortem* examination, both pleuræ were found filled with purulent fluid. The dura mater corresponding to the depressed portion of the bone was inflamed and adherent to the bone; there was no inflammation of the arachnoid, but, in the substance of the hemisphere immediately beneath the depressed fragment of bone, was a small abscess or slough of brain-substance, about as large as a sixpence in area.

In alluding to this case, Mr. Paget remarked that compound fractures of the skull in young persons are usually recovered from without interference when there are no signs of compression; but considered it possible that in this patient trephining, of the Registrar-General may tend to mislead the public, by creating, on the one hand, unnecessary alarm with reference to the places where the mortality is apparently high; and, on the other, false confidence in places where the death-rate is apparently low. The birth-rate should always be taken into consideration as well as the death-rate.

Treatment in Pneumonia.

In an English exchange Dr. Waters of Liverpool gives the treatment of 53 cases of this disease. He says:

Venesection was not practised in any case. Only 3 cases were cupped; and only two had leeches applied. Whenever antimony was given, it was in small doses—from one-twelfth to one-fourth of a grain,—except in 2 instances, in which it was given in doses of three quarters of a grain and a grain. In 31 cases—a large majority of the whole—no antimony was given. In a large proportion of the cases some alcoholic stimulant was given early in the disease. In 30 cases alcoholic stimulants formed the main therapeutic agent; and in some of the most severe cases no other medicine was given. In 6 of the remaining cases stimulants were given after a few days' treatment by other means. The stimulants were given at regular intervals, frequently with food, beef-tea, or milk. In the instances marked by a very rapid pulse and great dyspnœa, brandy was given every hour, or every hour and a half. Mercury—calomel with opium—was not given in any case. In one case blue-pill was given twice a day for six days; but no soreness of the gums was produced. In no other instance was mercury given except as a purgative in combination with some other drug. In every case nutrients were allowed freely—viz., beef-tea and milk from the commencement of treatment, and solid food as soon as the patient could take it.

Of the results.—Of the 53 cases, 1 died. In this case after convalesence had apparently set in, and the pulse had fallen to 80, effusion into the pleura took place somewhat suddenly and to a large extent, and death soon followed.

The average duration of the 52 cases that recovered, *from the commencment of treatment to the period of convalescence*—namely, when all active symptoms had subsided, when the pulse had fallen to a natural or nearly natural standard and when the patient could take solid food—was 8 1–6 days.

The date of the commencement of the attack was clearly ascertained in 41 cases. The average duration of these, *from the onset of disease to the time of convalescence*, was 11½ days.

The average number of days during which the 52 patients remained in the hospital was 24 1–5 days; but of these patients 6 were kept in for a long time in consequence of impaired health from other causes besides pneumonia—namely, from rheumatic fever, tubercular symptoms and gangrene of the lung, great debility, and emphysema. Excluding these 6 cases, we have, as an average of the remaining 46, 20½ days. In reference to this average it should be borne in mind that the patients were, for the most part, not discharged until they had gained sufficient strength to be able to resume work.

——A Minnesota paper has introduced a new feature, it being a report from two prominent physicians of its town of the condition of their patients, their names, diseases, etc. All are reported to be "improving"—"convalescing"—"convalescent"—"gaining"—"doing well"—or "getting better."

Reviews and Book Notices.

NOTES ON BOOKS.

The second number of the *Canada Health Journal*, edited by C. T. CAMPBELL, M. D., London, Ontario, is before us. It is a feeble production, suited to do good to nobody, so far as we can see. Such trashy periodicals as this, and some similar ones we could name, this side the line, are what the people get for instruction in the laws of life. No wonder popular medical science is at a discount.

The article entitled "Excision of the entire Scapula with preservation of a useful arm," by Dr. M. SHUPPERT, of New Orleans, has been repulished in pamphlet form from the *N. O. Journal of Medicine*. It is interesting in many points of view, and not least from the operation being only the *tenth* ever performed. This pamphlet is illustrated with photographs.

Prof. E. NEUMANN, of Königsburg, Prussia, has sent us the report of a case of leukemia, with disease of the medullary substance. It is of peculiar importance just now, when the hematopoietic functions of the medulla are under discussion.

Townsend & Adams, N. Y. City, are publishing a pamphlet called "The Physicians Monitor for 1870" containing the code of ethics (of course) a list of late publications, an almanac, list of poisons, and other useful material. It is an advertising medium.

A timely and valuable lecture by Dr. EDWARD SEGUIN, has been published by Wood & Co., New York. It is entitled "New facts and remarks concerning Idiocy." It commences with a description of what family physicians should know about idiocy; gives the diagnosis between curable and incurable idiocy; some remarks on training schools for idiots; and sums up the main causes of deterioration of intellect now at work. It is no secret that idiocy is on the increase in this country, and hardly any question in State medicine is more vital, than how to remedy this appalling depreciation. Dr. Seguin refers idiocy in the main to the conditions of uterine life, and finds in the altered status, the different aims, the impaired physique and the nervous excitement of American women, the solution of the problem—but alas! who will apply the remedy?

Our thanks are due to Dr. GEO. F. FORT, for the annual report of the State Geologist of New Jersey, for 1869. It embraces a number of maps and much additional information on the character of the soil, minerals, etc.

The following publications have also been received:

Rhode Island Sixteenth Registration Report.

First Report of Board of State Charities and Corrections in Rhode Island.

Report of the Butler Hospital for the Insane.

Report of the New Jersey State Lunatic Asylum.

Report of the Western Lunatic Asylum of Kentucky.

Relaxations of the Pelvic Symphisis during pregnancy and parturition, by F. C. Snelling, M. D.

L. W. Schmidt's Circular of New Publications.

The Bible and the School Fund, by Rufus W. Clark, D. D., is one of Lee & Shepard's "tracts for the people" (12mo. pp. 127, paper, 40 cents). The author takes the Protestant side of the question with considerable vehemence.

BOOK NOTICES.

Modern Therapeutics; a Compendium of Recent Formulæ and Specific Therapeutical Directions. By Geo. H. Napheys, A. M., M. D., etc., Philadelphia: S. W. Butler, M. D., 115 South 7th St. 1870. 1 vol., 12mo., pp. 390. Price, $2.25.

A complete work on the Practice of Medicine, embraces the history, the diagnosis, the prophylaxis, and the treatment of each disease. Each one of these separate headings may be considered by itself, and it is often very convenient to have separate monographs in this manner. Strange as it seems, the treatment of disease has been much more rarely separately considered than either the history, diagnosis, or prophylaxis. Yet to the practicing physician it is certainly as important, and more interesting than the others. To cure disease, is, and will long remain the chief occupation of our profession.

This branch of treatment or therapeutics is that to which Dr. NAPHEYS devotes the volume before us. It is not by any means a catalogue of receipts, nor yet does it deal in those generalities, which detract from the value of many, therapeutical directions. A large number of formulæ are given, chiefly from eminent living American and European authors, and they are accompanied by carefully worded directions as to the application of general principles in particular diseases. The book is convenient in size, and is well adapted as a handbook for a busy physician.

While we have all this and much more which we could say in praise of Dr. Napheys' work, there are also some points in which his work is open to just criticism.

There seems to be a want of symmetry in parts, some diseases being treated at greater length than others of eqnal nosological importance, and there are some omitted which we should like to have seen represented. We presume that each physician has certain departments to which he is especially devoted, and such a work is apt to be governed by such prepossessions.

On the whole, however, we find it hard to mention any more thoroughly *useful* book than this, in recent medical literature.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 19, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

VITAL STATISTICS.

The registration reports of Rhode Island contain much that will command the attention of all engaged in the solution of the great problems of political economy and State medicine, and will suggest much more. The Report is prepared by Dr. EDWARD P. CASWELL, of Providence, and is one of the most thorough published.

In the matter of births we see that the Report coincides with the view we have always advocated in this journal, and against those who claimed an unfavorable sterility in native American women. It is shown by the tables that both the number and the percentage of children of American parentage born in the year 1868, were greater than in either of the preceeding six years, while the percentage of foreign children born was less than usual, although the number was greater than in either of the last six years, with the exception of 1867. Thus Rhode Island seems to disprove the statements recently put forth with so much earnestness, that our native population was gradually dying out, and that there were few children born among us in comparison with the foreign element.

In reference to death we learn that the average age of all the males who died in Rhode Island in 1868, was 30.47 years; the average age of all the female decedents was 35.08 years. We are struck with the remarkable equality of the sexes in the deaths from the same causes. Thus from apoplexy and paralysis, there were 56 males and 55 females; from diarrhœa, there were 23 males and 22 females; from fevers, there were 56 males and 55 females; from diseases of the heart, there were 58 males, and an equal number of females; from measles, there were 10 males, and an equal number of females; and from scarlatina, there were 47 males and 46 females.

The deaths from apoplexy and paralysis among those of American parentage were more than three times as many as among those of foreign parentage. A still greater excess was observed in 1867, and the reason for this preponderance was asked. The greater part of these deaths occur after the age of 60 years. It is fair to suppose that a large majority of the persons over sixty years of age are of our native population, and that, therefore, the greater number of deaths from these causes would fall among them; that is to say, the proportion is not really too great, when

we consider the relative number of inhabitants of each parentage of the above ages.

An excess of deaths, on the other hand, is found among the foreign population in all of the following diseases: cholera infantum, croup, diarrhœa, dysentery, whooping cough, measles, and scarlatina. All of these diseases are of a zymotic character, and the poorer condition of a majority of the foreign population, exposes them more fully to their ravages. This remark, however does not hold true of scarlatina, which presents an exception to the other diseases of its class. It has been evident in the city of Providence, that this disease was more fatal and more widely spread in the abodes of luxury, than in the hovels of the poor; and, it is also true that it has been at times more fatal in the open and sparsely settled country, than in the crowded city. The deaths from cholera infantum in 1868, were more numerous than in any year within the last eleven, and the deaths from dysentery less than in any year since 1860.

Of the deaths from old age, nearly three-quarters were between 80 and 90; and of this proportion 106 were females.

A variety of other points of interest will be found in the report, which is prepared with care and accuracy.

How Soon Does the Guillotine End Consciousness?

The late execution in Paris has revived the old question whether death instantaneously follows upon the severance of the head from the body. In a letter to the *Gaulois* Dr. Pinel asserts that decapitation does not immediately affect the brain. The blood which flows after decapitation comes from the large vessels of the neck, and there is hardly any call upon the circulation of the cranium. The brain remains intact, nourishing itself with the blood retained by the pressure of the air. When the blood remaining in the head at the moment of separation is exhausted, there commences a state, not of death, but of inertia, which lasts up to the moment when the organ, no longer fed, ceases to exist. Dr. Pinel estimates that the brain finds nourishment in the residuary blood for about an hour after decapitation. The period of inertia would last for about two hours, and absolute death would not ensue till after the space of three hours altogether. If, he adds, a bodiless head indicates by no movement the horror of its situation, it is because it is physically impossible that it should do so, all the nerves which serve for the transmission of orders from the brain to the trunk being severed. But there remain the nerves of hearing, of smell, and of sight.—*Pall Mall Gazette.*

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 2.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Infantile Therapeutics.

1. Diarrhœal Affections.

James S. Hawley, M. D., Green Point, Long Island, New York.

In infantile diarrhœa the indications are as follows: First, to remove all sources of irritation from the quantity or quality of the ingesta, or change of temperature. Second, to allay irritation by sedatives, of which the best are the preparations of opium and the salts of bismuth. When irritation, without pain exists, bismuth most promptly and satisfactorily allays it, but when accompanied with pain, the addition of a minute portion of opium becomes a necessary complement to its effectiveness. Thirdly, artificial digestion by the administration of *pepsin.*

16. ℞. Pulveris pepsinæ Americanæ,
Bismuthi subnitratis, aa. ʒj. M.

For x powders.

One to be given every three or four hours to a child a year old. Opium may be combined as follows:

17. ℞. Pulveris pepsinæ Americanæ,
Bismuthi subnitratis, aa. ʒj.
Pulveris opii, gr. j.

For xii powders.

One to be given every two or four hours according to circumstances.

Thomas Hay, M. D., Philadelphia.

Our author has employed the following treatment in cases of Cholera Infantum with the best results:

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

18. ℞. Hydrarg. chlor. mitis, gr. ij.
Bismuthi subcarbonatis, gr. xvi-xl.
Pul. ipecacuanhæ comp., gr. j-ij.
Pul. sacchari albi, gr. xij. M.
For viij powders.

One to be taken every three hours for two or three days, or until the tongue and mouth become moist and the alvine excretion changed in color and consistency.

Then the following powders are given, and will ordinarily complete the cure:

19. ℞. Bismuthi subcarbonatis, gr. xvj-xl.
Pul. ipecacuanhæ comp., gr. j-ij.
Pulveris aromatici, gr. viij-xvj.
Pul. sacchari albi, gr. xij. M.
For viij powders.

One to be taken every three hours, in the mother's or cow's milk.

Counter-irritation is kept up over the abdomen with mustard plasters applied at intervals of three or four hours. The infant is allowed to suck at a piece of ice held in its mouth. When stimulants are required, the doctor gives from fifteen to thirty drops of Port wine. When the infant is artificially fed, he gives it cow's milk and lime water in the proportion of one fluid ounce of the latter to five fluid ounces of the former; also broiled mutton or beef minced very fine. All farinaceous food is forbidden. The child must be nursed or fed at regular intervals and not allowed too much at a time.

DRS. MEIGS AND PEPPER, OF PHILADELPHIA.

Our authors recommend in the treatment of *simple diarrhœa* of childhood, sulphate of magnesia combined with laudanum, as follows:

20. ℞. Magnesiæ sulphatis, ℥j.
Tincturæ opii deodoratæ, gtt. xij.
Syrupi simplicis, f.℥ss.
Aquæ menthæ, f.℥ijss. M.
Dose—At one or two years, a teaspoonful every two or three hours. For older children, the proportion of magnesia and laudanum should be doubled.

If this fails recourse must be had to an astringent. The officinal Mistura Cretæ may be given in teaspoonful doses after each loose evacuation, three or four times a day, or tincture of krameria may be added, thus,

21. ℞. Tincturæ krameriæ, f.℥j-ij.
Misturæ cretæ, f.℥ij. M.
Dose—Teaspoonful repeated as above directed.

Powdered *crabs' eyes* will sometimes succeed after the failure of the chalk mixture. Our authors employ the following formula:

22. ℞. Pulveris oculor. cancrorum, ℥j.
Pulveris acaciæ, ℥ij.
Sacchari albi, ℈j.
Aquæ cinnamomi,
Aquæ, aa. f.℥iss. M.
A teaspoonful to be given four, five, or six times a day.

M. BOUCHUT recommends the following prescription of this remedy employed by HUFELAND:

23. ℞. Pulveris oculor. cancror, gr. x.
Syrupi rhei,
Aquæ fœniculi, aa. f.℥ss. M.
Dose, a teaspoonful every hour.

Our authors have also employed with advantage either alone or with F. 21 and 22, an *aromatic syrup of galls* prepared as follows.

24. ℞. Pulveris gallæ opt., ℥ss.
Pulveris cinnamomi, ʒij.
Pulveris zingiberis, ℥ss.
Spiritûs vini gallici opt., Oss. M.
Let the ingredients stand in a warm place for two hours, and then burn off the brandy, holding some lumps of sugar in the flames. Strain through blotting paper.

Dose—15 to 40 drops, three or four times a day, or, when the discharges are very frequent, every two or three hours.

In the chronic form of simple diarrhœa our authors have found of late years the following tonic very useful:

25. ℞. Tincturæ nucis vomicæ, f.℥ss.
Tinct. gentianæ comp., f.℥iij.
Syrupi simplicis, f.℥v.
Aquæ, f.℥ij. M.
Dose—a teaspoonful three times a day, after meals, for children of three or four years of age.

Wine of pepsine is also efficacious in such cases, in doses of half a teaspoonful ter die.

J. LEWIS SMITH, M. D., PROFESSOR IN BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

Prompt measures are required in *cholera infantum* as the child rapidly sinks under the prostrating influence of the frequent watery discharges. Some evacuent is indicated at the outset, if there be any irritating material in the stomach or bowels, causing or keeping up the trouble. Small doses of ipecacuanha (from two to five grains) are often beneficial. When, however, the stomach is very irritable and the alvine discharges fail to carry off the intestinal contents, calomel is the great remedy. As it is slow in its operation, castor oil may be administered after it with benefit, or its operation may be aided by a simple enema. It should not be given to the extent of more than one or two doses.

Our author thinks that, unless the stomach is quite irritable, castor oil, syrup of rhubarb, or if there be acidity present, rhubarb and magnesia will generally be sufficient to remove the indigestible matter.

If there be no indigestible substance in the intestines purgatives are contraindicated, as they are then hurtful. The continuance of the diarrhœa for several hours affords a pretty sure evidence of the removal of any irritating matter which may have been present, and hence no purgative is required. The objects of treatment then should be to diminish the frequency of the evacuations and improve their

character. No time should be lost. Opium in some form is the chief reliance.

If laudanum be used, it may be administered in one drop doses, every two or three hours to a child one year old. Its effects should be watched. If the evacuations are partially checked, *and there are signs of stupor*, stop the opiate, or at least give it less frequently.

Astringents and often alkalies may be employed as adjuvants to the opium. The opiate and alkali may be employed in the following combination:

26. ℞. Tincturæ opii, gtt. xij.
Misturæ cretæ, f.℥jss. M.

One teaspoonful every two or three hours to an infant one year old. To this mixture an astringent may be added, as tincture of catechu or kino. It should be borne in mind, however, that astringents are less tolerated by an irritable stomach than opium or chalk. When they are vomited, therefore, they should be discontinued, even in cases in which they would doubtless be serviceable if the stomach were retentive.

By means of the opiate and astringents, if they be retained, the passages are rendered, in a few hours, less frequent, and the stools more consistent.

In cases in which calomel is employed our author does not recommend its use in larger doses than one-fourth of a grain, morning and evening, (together with the astringent and opiate) to a child of one year.

Dr. S. also advises small pieces of ice in the mouth at the beginning of the attack, to combat the irritability of the stomach, and the application of mustard to the epigastrum.

In most cases Bourbon whiskey or brandy, the best of the alcoholic stimulants, are required. They should be used from an early period of the disease, both for the purpose of sustaining the vital powers and of diminishing the gastric irritability.

The diet should be simple, but nutritious, and taken often, but little at a time. If the child be at the breast, it should be confined to the mother's milk. If it be weaned, cold barley or rice water, with whiskey or brandy, should be given in the commencement of the attack; afterwards milk or broth may be employed in addition.

ALFRED VOGEL, M. D., PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF DORPAT, RUSSIA.

Our author states that in general the rule holds good that *no child with intestinal catarrh tolerates cow's milk*, whether pure, or mixed with tea or boiled into a broth with meat or bread, and that the diarrhœa will only exceptionally be arrested if a milk-diet is persevered in. Total abstinence from cow's milk is the first essential to successful treatment. As soon as liquid stools appear, the patients should only be allowed demulcent drinks. In the place of milk, the children may be allowed for their meals a thin mucilaginous beef-broth, with rice, barley or groats, slightly sweetened with sugar, it should however be deprived of fat and without salt. When the appetite improves, a few teaspoonfuls of triturated wheat bread may be boiled in the beef broth. After the stools have been normal for at least two days, a trial may be made with one milk-pap each day, then with two, and finally three a day.

The *pencilling of the mouth with laudanum*, and the use of *opiate clysters* stand at the head of all therapeutic measures. But occasionally in the profuse diarrhœa of summer, opium proves inefficacious, then order small doses of calomel, gr. $\frac{1}{8}$, three or four times daily, or,

27. ℞. Argenti nitratis, gr ss.
Aquæ destillatæ, f.℥iij. M.

A teaspoonful three or four times a day. A drop of laudanum may be added to each dose.

Vegetable remedies containing tannic acid, such as calamba, rhatany, pure tannic acid itself, and astringents in general, are with difficulty administered to small children, unless mixed with large quantities of syrup, and, on that account, should be seldom resorted to. In older children they may be oftener employed.

28. ℞. Aluminis, gr vj.
Syrupi acaciæ, f.℥iij. M.

A teaspoonful ter die. This will sometimes check the diarrhœa which has been uninfluenced by any of the above remedies.

Our author, if compelled to choose between the two, would prefer the dietetic treatment alone to that by medicine alone. He has often convinced himself of the utter inefficacy of all therapeutic remedies in the treatment of this disease when the child is sustained on milk diet.

The best prophylaxis consists in rendering the cow's milk given the child alkaline by the addition of the following soda solution to each meal:

29. ℞. Sodæ carbonatis, ℥j.
Aquæ, f.℥vi. M.

In summer the entire quantity of milk to be consumed in the twenty-four hours should be rendered alkaline immediately upon its arrival at the house, by adding a tablespoonful of this solution to every five ounces of milk.

If this direction be followed it will become speedily evident that intestinal catarrhs may often be avoided.

Postage.

We live in hope that some good will come of the postal reform propositions now before Congress. The underlying principle of the whole should be *the prepayment of every thing that is transported through the mails*, with as few exceptions as possible. Nothing could be more unsatisfactory than the present arrangements.

Last year we tried the prepayment of postage to paid subscribers. The consequence was, that in very many instances, both we and our subscribers paid postage! We now prepay postage to all our New York and Brooklyn subscribers, yet some of them complain that the carriers demand four cents postage on each copy of the REPORTER. This indicates very bad management in the Post Office, either here or in New York.

We earnestly hope that Congress will give us right speedily, a good, uniform, sensible postal law. It will be a gain to the Government and to the public.

Fare to the American Med. Association.

MESSRS EDITORS: As commutation of fare from this city to Washington, for delegates to the approaching session of the American Medical Association, can only obtained in the shape of excursion tickets it will be necessary for those who expect to attend, to notify me early. Yours etc.,

W. B. ATKINSON,

Phila., March 14, '70. *Perm. Sec'y.*

College of Physicians and Surgeons.

The sixty-third annual commencement of the College of Physicians and Surgeons—Medical Department of Columbia College—was held at Steinway Hall, March 4th. The stage was occupied by several leading physicians of this city, and immediately in front of it was the graduating class, numbering 74 students. After prayer by the Rev. Sullivan H. Weston, D. D., the degree of Doctor in Medicine was conferred upon the graduates by Dr. Delafield, the President of the College, and six prizes were presented by Profs. Clark, Dalton,and Draper. The two Faculty prizes were given to Allan McLane Hamilton, M. D., for a thesis on the "Galvano-puncture applied to the cure of Aneurisms," and to J Freeman Atwood, M. D., for a thesis on "Bromide of Potassium." The Harsen prize, established eleven years ago by Jacob Harsen, M. D., for the best clinical report on the treatment of cases in the New-York Hospital, was awarded to Allan McLane Hamilton, M. D. The Stevens triennial prize, established three years ago by Alexander H. Stevens, M. D., late President of the College, was received by Lucius D. Bulkley, M. D., for a thesis on the "Use of the Thermometer in the Treatment of Diseases." And the Alumni prizes were presented to Andrew H. Smith, M. D., and Albert H. Buch, M. D., for theses on "Oxygen as a Remedy for Disease," and "Mechanics of the Assicula of the Ear," respectively.

The Rev. Francis Vinton, D. D. delivered the address. He alluded to the enmity that had for centuries existed between the profession of medicine and his own profession, and deplored the fact that the same enmity does to a great degree exist between them still. In his view, the two were kindred vocations; the workers in them both were called of God to exercise, in His name, their respective functions; the department of the one profession was the human body; that of the other the immortal soul. Both callings were united in Christ, who taught in the synagogues and healed all manner of sickness; and the only antagonisms between the two have been made by man, not by God.

The speaker alluded sharply to the hard-heartedness that frequently characterizes a physician. He knew that familiarity engenders contempt, and that the experience of life acts differently upon men, softening one and hardening another; but he urged that if charitable motives would not prompt physicians to exhibit sympathy for the sorrows of others, they should at least show it for the sake of politeness. In closing, the Doctor enjoined the newly-made M. D's to so practice their professions as to merit the blessing of God and the thanks of those to whom they shall have administered when they shall finish their earthly career and take their highest degree.

Clergymen's Certificates.

A newspaper says, hundreds of swindlers are collecting money from charitably disposed people on the strength of letters given them by good-natured clergymen. If ministers could be held personally responsible for all the swindles which they inadvertently indorse, we should soon cease to be imposed on in this way.

The same is true in respect to certificates to quack remedies. Clergymen are responsible for a great deal of unnecessary sickness and suffering, and many deaths, from the facility with which they certify to the efficacy of quack preparations. Personal responsibility, if it could be exacted, would lead to greater caution, and save many lives.

Only Drunk!

Many of our policemen are taken from the dregs of society, and are innately brutal, and entirely unfitted for the performance of duties which sometimes require judgment and feeling. Such items as the following are of frequent occurrence in the newspapers:

Mr. John Reynolds, of Providence, was arrested while intoxicated, in Pawtucket, R. I., thrust into a damp cell, and the next morning was found dead. The coroners' jury censured the town for maintaining such a lock-up.

It is not many weeks since in this city, a respectable citizen was suddenly attacked on the street by illness, when a policeman arrested him for drunkenness, took him to a station house and kicked him into a filthy cell, where, the next morning he was found *dead*. It was shown that the man was a sober, steady, upright citizen; and possibly, medical

aid at the proper time would have restored him. We have seen drunken women wheeled along the streets in open wheel-barrows, or carried by the arms and legs, by unfeeling policemen, followed by a boisterous crowd, when their shame should have been concealed from the vulgar gaze. It may be natural, if men and women make brutes of themselves, to treat them in a brutal manner, but something is due to the higher instincts of human nature, and our public servants should be taught that they are representatives of justice and right, and not of cruelty and wrong.

Medical Department University of Louisville.

The commencement exercises in the Medical Department of the University of Louisville took place on the evening of the first of March. The degree of M. D. was conferred upon 92 gentlemen. The degree Ad Eundem upon 5. The valedictory address in behalf of the Faculty was delivered by Prof. Parvin; that on behalf of the class by Dr. Malcom M. Burke, of Miss.

Longevity.

It seems to us that there is accumulating evidence of the increased longevity of the human race, certainly in this country. Would that the census about to be taken were in hands competent to work out this problem. Let our readers scan the death column of any newspaper, and we think they will be surprised at the number of deaths of aged people recorded. For instance. there lies before us the Vermont *Chronicle*, an excellent religious and family paper, published at Windsor,—of March 5th. It records 40 deaths. Of this number, 30 were over 60, and 27 over 70 years of age. The youngest was 64, and the oldest, 98 years of age. The average age of the 30 was 77, and of the 27 who were over 70, was 78 years. Three were between 60 and 70; 16 from 70 to 80; 10 from 80 to 90, and one over ninety.

Possibly the *Chronicle* selected its cases in this instance, but even if it did, the record is a remarkable one for a single week.

Chloral Hydrate.

The demand for this new and remarkably efficacious remedy is excessive. We are informed by one of our largest drug houses that "the demand has been very large, and in the last ten days we have received orders of various sizes for many *pounds*, which we have not been able to fill, and which could not be procured at any price—we have a few pounds on the way from Germany, which we expect next week, but it will not fill our orders. Yesterday, Powers & Weightman received ten pounds, (having ordered 100 lbs)., and their orders were so numerous that they had to distribute it as they could, and all we could procure was four ounces, which went off at once."

It is certainly one of the most remarkable of our tentative remedies, and capable of being often usefully applied by the judicious physician.

A correspondent of the *Michigan University Medical Journal* seems to intimate that this was the drug that Shakspeare's friar gave Juliet.

> "Take thou this phial, being then in bed,
> And this distilled liquor drink thou off;
> When presently through all thy veins shall run
> A cold and drowsy humor, which shall seize
> Each vital spirit.
> And in this borrowed likeness of shrunk death
> Thou shalt remain *full two and forty hours,*
> *And then awake as from a pleasant sleep!*"

The Social Evil.

The city correspondent of the *Germantown Telegraph* says:—

It has been ascertained by the investigations of the Midnight Mission that there are in Philadelphia the appalling number of twelve thousand professional prostitutes, without including the irregulars. The last time I paid attention to the subject, now some years since, I found that by actual calculation there were over six thousand; but I had no idea the social evil had grown so fast. You may remember that I called your attention to the matter at some length in one of my letters, and pointed out that it had invaded every neighborhood in the city, high or low. In fact the good name, quietness, order and propriety of social life in Philadelphia has attracted this class of women from far and near. There is not a country in Europe or America, and not a race that is not represented in this mass. The interior cities and towns contribute constantly increasing numbers, and all the rural districts yield their share. I do not know what can be done on the subject, for thus far the exertions of the benevolent scarcely produce a ripple on the surface. The fact mentioned above is sufficient to startle any one. No wonder the thieves of the city have a regular annual ball in one of the most public halls in the metropolis.

Dr. Dixi Crosby.

Monday, Feb. 7th, being the 70th birthday of Dr. Dixi Crosby, of Hanover, N. H., his friends and neighbors to the number of about sixty, met at the house of his son, Dr. A. H. Crosby, in Concord, N. H. His brothers who were present on the occasion, were Hon. Nathan Crosby, of Lowell, Mass., Dr. Josiah Crosby, of Manchester, John Crosby, of Sandwich, (the native place of these brothers), Professor Alpheus Crosby, of Salem, Mass., and Professor T. R. Crosby, of Hanover. The first four mentioned are between seventy and eighty years of age, and they are all healthy and vigorous, and actively engaged in business. They have two sisters over seventy years of age, both married to physi-

cians. The father of this family was Dr. Asa Crosby, of Sandwich, one of the earliest physicians in that part of the State; and he was the father of seventeen children. Of his direct descendants more than a dozen are or have been successful practitioners of medicine.

A beautiful large easy chair was presented to Dr. Crosby as a token of friendship for him as a man and a physician. An appropriate presentation speech was made by Prof. Sanborn. The Dr. and his estimable lady were taken completely by surprise.

The Doctorate.

This is the season for conferring the degree of Doctor of Medicine, and from every section of the country will go forth hundreds of young men, some good, some bad, and too many indifferent. The following lines sent by Dr. Kippis, to Dr. W. Harris in 1728, at a time when the Scotch Universities were very prodigal with honorary degrees, will apply very well to some of our chartered institutions, particularly those of the parasitic kind.

"Since dunces now are doctors made,
As well as men of skill,
What does the title signify?
I'll tell thee, honest Will.

"The same as trappings to a horse,
Which be he fleet or jade,
Not for his own but rider's sake,
So wondrous fine is made.

"So when our universities
Doctorial honors give,
'Tis not *our* merit they declare,
But *their* prerogative."

Vicaria—A New Name for an old Disease.

Our excellent cotemporary, the *Galaxy** is publishiug an entertaining story by CHARLES READE, the celebrated English novelist. One of his characters, a sorry inventor, having wrought out of his inventive brain a valuable machine, applies for a patent, and is fairly crushed by what he calls the "roundabout swindle," *i. e.* red-tape. He complains to his good friend Dr. AMBOYNE that by all the treatment "one would think an inventor an enemy of the human race," and proposes to burn his models and renounce invention altogether.

To the disgusted inventor the doctor thus quaintly discourses: "That system of go-betweens, and deputy-go-betweens, and deputy-lieutenant-go-betweens, and of nobody doing his own business in matters of state, really is a national curse and a great blot upon the national intellect. It is a disease; so let us name it. We doctors are great at naming diseases; greater than at curing them:

Let us call it VICARIA.
This English malaria."

*The Galaxy: an Illustrated Magazine. Sheldon & Co., New York. $4 a year. We supply it to our subscribers at $3.

Maryland State Inebriate Asylum.

An effort is being made under the direction of Drs. A. C. ROBINSON and R. S. STEWART, to put this institution on a permanent basis, with a building and a fund of its own.

A report has just been made by the committee of the Board of Trustees. The Asylum is at present located at Spring Grove, near Catonsville, in a wing of the building erected for the State Lunatic Asylum. We hope the project will meet with favor from the community and the authorities, as these asylums deserve to rank among the most beneficent institutions of our age.

Medical Advertising.

Dr. SCHLESINGER, in a recent number (Jan. 15) of the *Weiner Med. Wochenschrift*, expresses his views on the propriety of specialists advertising. He says, "When no extreme puffing or humbug is called into requisition, when the credulity and ignorance of the people are not played upon, when every street corner and public place are not seized upon, when the advertisement is reasonable and true, there is no more harm in advertising than in hanging out a sign, with name, title, and business." This seems to us a loose statement, very easily turned to evil. Dr. S. adds that "an experience of many years" in Europe proves that the only kind of advertising in practice that pays, is in secret diseases, but that this depends much on publicity. He relates the instance of a Dr. CHARLES ALBERT, of Paris. This individual concluded to save the 30,000 francs which he expended every six months in advertising. He did so and found at the end of that period that his receipts were 60,000 francs less!

Calumba in Pregnancy.

"Jersey Doctor" writes us about this prescription that the honor of it is due Dr. WOOD, and adds that powdering the root for an infusion, instead of bruising it does not add to the efficiency of the infusion.

Eye and Ear Infirmary.

An eye and ear infirmary has been established in Newark, N. J., in connection with the St. Michael's hospital. Dr. CHAS. J. KIPP, favorably known to the profession as a surgeon during the civil war, and as a writer, has been appointed attending surgeon.

APPOINTMENTS BY THE GOVERNOR.—The Governor of Pennsylvania, has reappointed the following officials for a second term:—Port Physician of Philadelphia, Dr. H. E. GOODMAN; Health Officer, J. E. ADDICKS; Lazaretto Physician, Dr. THOMPSON. These gentlemen have filled their respective offices for three years past with ability and satisfaction.

Correspondence.

DOMESTIC.

Letter from Baltimore.

March 1st, 1870.

EDS. MED. AND SURG. REPORTER:

As no one communicates with the REPORTER from this city, I will, if agreeable to you, enter your *sanctum*, and chat about medical matters here. I do not know how it is in your city, but here doctors have fine opportunities for study, and run no risk of being called out to see a patient just at the time they have become fairly interested in their books. That this is not altogether a blessing may well be imagined, for M. D.'s like other men, need a *little* out door exercise, but then we must consider the good to the community, and the great increase of knowledge to be gained by the present mode! I remember, years ago, taking mental notes of all places classed under the head of "good opening for young men," and Baltimore stood high on the list. After some years of experience candor compels me to say that it is one of the best places to try the patience (not *patients*) of a beginner that can be found. We have only two hundred more doctors than are required, and if an epidemic does not make its appearance soon, it cannot be otherwise than unfortunate. But enough of this, for let the results be what they may, our two colleges can keep the city supplied with abundant medical material.

On the 22d ult., Washington University furnished forty eight young men with the requisite sheep-skin, and this morning the University of Maryland added forty-four more to the list. I heard one of the professors of the Washington remark that his school had varied a little from the usual routine, and *had actually rejected two* applicants. Whether any striking results will follow this innovation is more than your correspondent can say.

Last night the "Baltimore Medical Association" held its annual election of officers, and discussed the annual supper. As usual with suppers of this kind, "it was an occasion long to be remembered," especially the headache afterwards. It was held at the rooms of the Medico-Chirurgical Faculty, which intimates a closer union between the two bodies. You are probably aware that our ancient "Faculty," after several years of Rip Van Winkleism, has at last fairly awakened, and is doing all it can for the good of the profession and *itself*. By a combination of mighty efforts it has been changed into a representative State Medical Society, and promises to establish a medical library. The Baltimore Medical Association may claim all the credit of its present activity. Therefore, the supper being held at the "Faculty" rooms indicated an era of good feeling between the fossil and its juvenile antagonist. The new officers of the Association are: President, Dr. Jas. H. Currey; Vice Presidents, Drs. Morris and E. Lloyd Howard; Secretaries, Drs. Gilman, Taneyhill and Dare; Treasurer, Dr. Dickson; Com. of Honor, Drs. Jones, Hartman and Neff; Com. on Lectures and Discussions, Drs. Williams, Noel and Fay; Executive Committee, Drs. Uhler, Wayson and Friedenwald. Dr. Cox, of Washington, one of the first members of the Association, was present, and contributed much to the enjoyment of the hour. The addresses were quite different from those usually delivered on festive occasions, and embraced subjects of real interest. Remarks were made on the general interests of the medical profession; the means proper to advance its standing and influence; the relations existing between physicians and druggists; the reliability of medicines; making medicines palatable, and the position of *family* physicians. At a late hour the meeting adjourned.

It can no longer be said that Baltimore has no medical journal. Now we have two, but the newcomer, *The Baltimore Medical Journal*, has not been "out" long enough to decide whether it is a success or not. The men at the head of it have talent and energy, and will deserve success be the result what it may.

More anon,

W. P.

[We trust the "ANON" will come frequently.—EDS.]

On Dyspepsia.

EDS. MED. AND SURG. REPORTER:

Seeing the case of dyspepsia described by "D," of Illinois, and asking for information, and having had considerable experience during the last twenty years in such cases, I take the liberty of replying to his inquiry. In the first place, his patient has *fermentation of his food which is the cause of the flatus.* The process of chymification of the food is not rapidly performed, and this in all probability is the cause of all the trouble. In the first place, I presume the food is farinaceous, largely composed of starchy matter which is not properly insalivated and without which it cannot be assimilated. If he eats fatty matter this I presume rises from the stomach, etc., etc. I am in the habit of discarding vegetable diet almost entirely, except dry toasted bread, and confining my patients to animal food, such as milk, eggs, beef-steak, oysters, game, fresh fish, mutton, etc.,etc. Then I try to supply what nature has failed to furnish. First I would give pepsine, I prefer Boudault's, fifteen grains immediately after eating. If the patient is constipated I give a five gr. pill of inspissated ox gall half an hour or an hour before eating.

I hardly ever find my patient doing well upon tonics and cholagogues. These remedies seize hold of what vitality there is left, and compels increased action. If it is a recent case, and the road to health a short one, this will do, but if it is chronic, it will result in further debility by overtaxing the vital action of the organs immediately concerned. Stimulants in these cases are very much like the whip to a tired horse, and tonics are but little better. We are apt to give too much medicine.

The support these patients need is derived from good health, nutritious food suited to the capacity of the digestive organs, and the medicines required are those which are going to assist in the proper care of that food. This is the only way I find to build up my patients afflicted in this manner. Hoping that "D" will try what I have suggested and not medicate his patient too much. I am, etc.,

D. M. Cool, M. D.

Cincinnati, Ohio.

Turpentine in Erysipelas.

Eds. Med. and Surg. Reporter:

In reading the *Half-Yearly Compendium*, No. iv, July 1869, I came upon an article called "A new remedy in erysipelas," by Professor Lucke, of Bern, and by Professor Schutzenberger, of Strasburg.

Speaking of the efficacy of oleum terebinthinæ it is *not very new*, for Dr. Thomain, a graduate of the University of Bavaria, Germany, and Dr. C. Miller, introduced the turpentine in 1864 and 1865, in erysipelas, to all stumps of amputated limbs, and injured soft parts, even when grangrene had set in. Dr. Thomain practiced it at Emory hospital, Washington, D. C., out of ten other surgeons that were there in the spring of 1865, where I made a report upon it, and was the only surgeon who endorsed him, having practiced and used the oil of turpentine in many cases, to my entire satisfaction, with the colored U. S. soldiers and the white. So you perceive that there are some in this country who either used the turpentine before the Europeans, or at least simultaneously with them.

I would add here, that I never knew a case where the turpentine was used but the parts affected would take on healthy action and improve very rapidly, I can therefore corroborate at least, from my experience, the charming effect of this agent in infectious or traumatic erysipelas.

C. Miller, M. D.

Washington, D. C.

——Miss Dix, after a tour of the Southern asylums and prisons, decides that snuff-dipping is the predominating cause of insanity among Southern women.

News and Miscellany.

Cases of Longevity.

In another column we have referred to the apparent increase in the average age of man. The following cases came under our notice within a few hours of penning those lines:

There died, on the 1st inst., in Norton, Massachusetts, a veteran who voted for Washington, and for all the Presidents down to Grant. His name was David Makepeace, and he was 102 years old. All of his long life he has been a constant smoker.

A remarkable negro, named David Smart, died about a fortnight ago in Franklin county, Ky. Although 105 years old at the time of his death, and notwithstanding the first 16 years of his life were spent in the State of Virginia, this extrordinary colored American never claimed to have been the body servant of Gen. Washington!

William Schooley, an uncle of Wm. H. Seward's wife, died recently at Ypsilanti, aged 102 years. What he remembered hearing Washington say was: "It is a hard thing to bring up men to be slaughtered." This was when young Schooley, aged nine, going to the mill with his brother, in New York, was impressed into Washington's army—horse and all—as a carrier of grain.

Instances of great longevity appear to be more numerous, at the present time, than ever before within the memory of those who now live. The North German Correspondent mentions the death of a citizen of St. Polten, called Mathias Schlagintweit, at the age, it is believed, of 126 years. Of his numerous descendants only six, four grandchildren and two great-grandchildren, survive.

Hadji Athanassi recently died near Smyrna, aged 125 years. He had been governed by nine Sultans. He lived on fish and vegetables, eating meat only at Easter. He preserved his faculties to the last.

The Jersey City Charity Hospital.

We are glad to see that this useful charity is in a flourishing condition. The report for 1869 shows a total of 215 in-patients, and 543 out-patients.

A General order promulgated by the War Department provides that hereafter no volatile oils will be issued or used for illuminating purposes at military posts, and all varieties of coal oil will be regarded as volatile. In general, lard oil will be supplied for issues of oil authorized for the necessary illumination of military posts.

——The Medical Faculty of Michigan University have made arrangements for the publication of a monthly journal. It will be under the control of two managing editors chosen from the Faculty.

—— Some difficulties having been thrown in the way of women studying anatomy in Edinburgh, two professors (Struthers, of Aberdeen, and Bell, of St. Andrews,) have offered them the instruction elsewhere denied them. The Professor of Anatomy in one of the London schools has also expressed his readiness to instruct them in this branch of science.

—— The trustees of the Illinois Insane Asylum have accepted the resignation of Dr. McFarland, its Superintendent, to take effect when his successor is appointed.

—— An effort is about being made to establish a Presbyterian Hospital in this city. Large donations have been promised for the purpose.

QUERIES AND REPLIES.

A Correction Corrected.

MESSRS. EDS.:—In the REPORTER of the 26th inst., page 179, the word correction led me to suppose that an error was about to be corrected; but, I think per anum is good Latin, while per oram, for which per anum seems to have been, by a curious typographical error, inserted, cannot be said to be correct; and consequently the error cannot be corrected by inserting the word oram. Some writers say per orem, which is no better, but not one in ten writes per os.

Of course, Dr. Hillis meant "*by mouth;*" but we say per vaginam and per anum, because delicacy would fordid the use of the vernacular terms.

If physicians feel too delicate to say, "by mouth," let them say the same thing in Latin; but they should remember the rule which requires the accusative case of Latin nouns in the neuter gender, to be the same as the nominative. Per os, not per oram or per orem, nor per ore as some have it. P. M.

A correspondent wishes information of the results of the use of the Turkish Bath in diseases, and the methods in which it is applied.

Splints.

Dr. T. S. J., of La., is informed that full sets of splints cost from $10 00 to $25 00, varying much in their make and substance. Dr. Bauer's splints cannot be had in this city.

Tumors.

Drs. Mc. & C. of Tennessee, send us by express a tumor weighing about half a pound taken from a girl aged 18, who presents numerous others on various parts of the body. The senders are of opinion that the tumor is fibrous in character, but to us it appears largely fatty. We doubt if any constitutional treatment will avail in this case, though alkalies, and a meat diet would be advisable "on general principles."

Dr. O. C. A. of N. Y.—Probably in the case which you relate where the physician administered quinia freely in the eighth month of pregnancy, it was instrumental in causing premature birth.

Dyspepsia.

In the REPORTER for Feb. 26th, Dr. D. asks for a remedy in a certain form of dyspepsia which he has failed to relieve by antacids, cholagogues, etc. If the Dr. will try the mineral acids, I think he will relieve his patient. Let him try the nitro-muriatic. I believe it will succeed in the case.

Abingdon, Ills. R.

OBITUARY.

Died in Natchez, Miss., Jan. 27th, Dr. HUGH LYLE, in his 83 year.

Dr. LYLE was a native of the County of Londonderry, Ireland, and a graduate of the Edinburgh University. He served as surgeon in the British Navy during the war of 1812—1815, at the close of the war he located in Kentucky, where he remained in active practice until 1837, when he removed to Natchez, Miss., and there resided until his death. He occupied a pre-eminent position in his profession and was universally beloved and respected.

DR. ASA COLEMAN.

A correspondent of the *Cincinnati Gazette* writing from Troy, Ohio, under date of Feb. 25th, says:

Dr. Asa Coleman, an old and eminent citizen of Troy, died suddenly at four o'clock this morning, in the eighty-second year of his age. Dr. Coleman was born July 2, 1788, in Glastenbury, Connecticut, and came to this place in 1809 or 1810, and has resided here ever since.

As a physician he was faithful and successful, and was well known in this valley. In private life and public stations he was always respected, honored and trusted. He was remarkable for his physical and mental vigor, even to the hour of his death.

MARRIED.

GRAFF—SWEARINGEN. Dec. 30th, by Rev. J. R. Dundas, D. D., Mr. A. B. Graff, of Hanover Station, Ohio, and Miss Lissa Swearingen, of Lynchburg, Ohio.

MARTIN—JACKSON. Feb. 3d, by Rev. D. Harbison, Dr. T. H. Martin, of Lebanon, Indiana, and Miss Ella Jackson, of Salem, Westmoreland county, Pa.

NOYES—GRANT. On the 9th inst., by Rev. G. L. Prentiss, D. D., Henry D. Noyes, M. D., of New York, and Anna M., only daughter of Dr. C. W. Grant, Iona Island.

PENNOCK—SMITH. On the 10th inst., by the Rev. H. C. McCook, at Penn Square Church, Mr. Townsend Pennock, M. D., and Margaret Morris, daughter of the late Alfred L. Smith, all of this city.

STEWART—SNOWDEN. January 6th, at the residence of the bride's mother, by Rev. W. B. McKee, Thomas H. Stewart, M. D., and Miss Sallie G. Snowden, of Hoguestown, Cumberland county, Pa.

TIPPLE—HICKLEY. Feb. 15th, at the Logan House, Altoona, Pa., Dr. Robert Douglass Tipple, of Bellefonte, Pa., and Miss Susan Hickley, of Unionville, Pa.

DIED.

BRINTON—In this city, on the 4th inst., George C., only son of Dr. Bernard and Sallie W. Brinton, aged 3 years and 9 months.

FULLER—In Philadelphia, on Wednesday, the 2d of March, Dr. Daniel Fuller.

GALLUP—In Plainfield, Conn., Dec. 23d, Dr. John S. Gallup, aged 67 years—a native of Hartland, Vt.

HAZLETT—In New York, suddenly, on the 4th instant, John Hazlett, M. D., aged 51 years.

KINGSBURY—In Temple, New Hampshire, March 3rd, of pneumonia, Nathaniel Kingsbury, M. D., in the 72d year of his age.

MAXWELL—In San Francisco, March 3d, Ella Middleton, only child of Dr. Richard T. and Mary Wain Maxwell.

MILLER—On the 8th instant, Dr. Lewis L. Miller, for nearly 40 years a leading physician and surgeon in Providence, R. I.

POTTER—Feb. 13th, in Hamilton, Ohio, of pneumonia, Augusta Sherman, wife of Dr. S. H. Potter, in her 51st year.

METEOROLOGY.

FEB.	28,	M. 1,	2,	3,	4,	5,	6,
Wind.....	S. W.	S. W.	N. W.	N. W.	N. E.	N. W.	N.
Weather.	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Cl'dy	Cl'dy
Depth Rain			High Wind		Snow		Snow
Thermom....							
Minimum..	26°	30°	25°	13°	21°	17°	23°
At 8, A. M.	31	36	30	25	25	26	29
At 12, M...	33	39	31	31	25	31	34
At 3, P. M.	29.6	29.9	29.9	30.2	30.2	30.2	30.2
Mean.....	41.	40.	37.	35	26	32.	32
Barometer..							
At 12, M...	34.	36.25	30.75	27.25	24.25	26.50	29.50

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures.

LIGHT AND VISION—MORE ESPECIALLY HOW LIGHT IS CONVERTED INTO THOUGHT.

Being one of the Cooper Union Lectures for the Advancement of Science and Art, delivered in the Great Hall of the Cooper Institute, in New York, on the 26th of February, 1870.]

By H. Knapp, M. D.,

Surgeon-in-Charge of the New York Ophthalmic and Aural Institute, lately Professor in the University of Heidelberg, Member of the Medical Society of the County of New York, etc., etc.

[CONTINUED.]

We have now two things to consider more closely: first, in which way the rays of light pass through the eye, and secondly, what becomes of them after their arrival at the retina.

The capsule of the eye has a beautiful transparent window, the cornea, for the entrance of the rays of light. Its anterior surface is the most important of the whole refractive apparatus. It was, therefore considered of high scientific interest to determine its physical properties, above all, its curvature. At first the method was very imperfect. Two hundred years ago, a French physician of great renown, S. L. Petit, endeavored to ascertain the curvature of the cornea by applying to frozen eyes taken from the cadaver, pieces of card board into which he had cut circular notches, fitting them upon the cornea as nearly as possible. This procedure could give only an approximate measurement.

In a similar way the curvature, thickness, and position of the crystalline lens, the second part of the refracting apparatus was examined.

But the minute parts, with their delicate structure, appeared so infinitely beyond the scope of the imperfect methods of investigation, that a great many properties of the eye, requisite for discharge of its functions as an optical apparatus, had to be supplied by hypothesis, that is, imagination.

The less instructed a man, the more he is given to admiration and superstition. Is it astonishing, therefore, that the eye was supposed to be the most perfect optical apparatus quite beyond the reach of our comprehension? God being the Creator, how can it be possible that there are short-comings and defects in one of its most wonderful works?

For a long time all investigators were convinced, *a priori*, that an analytical study of the eye could only reveal its perfection. This preconceived idea, however, was forced at last to give way to the unambiguous results of exact methods of inquiry.

As every new truth, overturning an old prejudice, carries with itself the remedy for the prejudice, so the optical defects of the eye were detected, and no religious feeling was wounded.

If, on earth, there be a power, it is the progress of science. Religion, the search of the human soul after the divine, pursues the sublimest object; but has always had too many egotistic exponents, who led the multitude astray; threw the noblest minds into prison; employed torture machines, and all the horrors of the Inquisition, only to gratify the sway of their own hierarchy. The history of science has no such horrors to record; all *its* conquests have been ennobling steps of civilization.

In *our* day, a scientist, arriving at a conclusion at variance with orthodox creed, can no longer be tortured or imprisoned, or burned as a heretic, but in most countries, this one

included, he may incur persecution, not by law, but by the zealots of society. Germany at the present time, is the country where the greatest religious liberty exists. No scientist, by declaring openly his dissension on certain points of dogmatic christianity, or orthodox judaism, will lose a minimum of his social position. Therefore, pure and independent science now flourishes more in Germany than in any other country of the world.

The progress of our knowledge of the healthy and diseased eye, during the last decades, is nearly exclusively the work of German genius and labor. Holland, a sister country, having one prominent investigator.

The greatest name in natural science, of the present age, is that of Helmholtz, Professor in the University of Heidelberg. His discoveries and inventions count by the dozen. For the study of the eye, he is the originator of a new epoch. Relating to the point under consideration, I here show you an instrument devised by him, on the principle of the heliometer of astronomers, wherewith the curvature of the cornea can be determined on the living eye with wonderful accuracy. By his researches, and those of other observers, a great many irregularities of the eye have been detected, demonstrating beyond doubt its imperfections as an optical instrument. The curved surfaces of the cornea and crystalline lens are far from being perfect in form, they are, even in the best eye, unsymmetrical, the system is not central, not achromatic, nor aplanatic either; all of which are shortcomings a good optician now-a-days knows how to avoid. You say, be that as it may, the eye is nevertheless an admirable instrument, adequate to all the purposes of human life, and more is not needed. This seems, at first glance, very plausible, but we must consider that the purposes of life are suited to, and governed by, the power of the organs of our body. And this power is limited. If we could fly, we would need no railroads; if our eyesight were more acute, another kind of writing would exist, and you may be sure, to cite an example, that the *N. Y. Herald* would be printed still worse. As it is, its type is just on the verge of visual acuteness, perhaps a little beyond it, to be read for any length of time without injuring the eyes, and therefore it deserves a premium from oculists.

The irregularities of the dioptric apparatus of the eye have one effect common to them all; they prevent the rays of light from being regularly refracted. Were the eye a perfect optical apparatus, all the rays emanating from one luminous point would be united in one point again on the retina. But this does not take place even in the best constructed eye.

The most conspicuous imperfection of the normal eye is its *want of symmetry*. The meridians differ in curvature, and, therefore, in refractive power.

This is the cause that the pencil of refracted rays has a peculiar shape, being what mathematicians call a skew surface, for instance like a winding staircase. I have represented the peculiar shape of the way the rays of light take within the eye by a model of silk threads. It will interest you, furnishing a tangible illustration how far exact science, guided by mathematics, may penetrate the mysteries of nature.

At the first dawn of science, the investigator is overpowered by the discovery of a general law, which he then represents by a diagram. So it is with the eye. The law of refraction was found, and the eye called a living camera-obscura of unimpeachable perfection and diagramatic regularity. Astronomers having found the general law of gravitation, immediately had a diagramatic system of the world built up. This undoubtedly was correct, but then came the perturbations in the orbits of the celestial bodies, which had to be accounted for, and they *were* accounted for by the progress of astronomical research. The same development took place in the science of the eye. There were disturbances of vision, unexplainable as long as the organ of sight was supposed to be perfect. The onward march of science found means to discover the causes of these disturbances and instruments to measure them to one-thousandth of an inch. Some years ago, while experimenting on these subjects, I told a celebrated mathematician, that we are now able, not only to recognize, but also to measure the irregularities of the eye. He, as many wise men, had always been a great sceptic with regard to the true scientific character of medicine, but could appreciate so fully the value of these investigations, that he exclaimed: "Then, sir, you *command all conditions to introduce astronomical accuracy into your researches.*"

Many persons who like to hear themselves called practical people, but who in reality are only slow thinkers, do not like pure scientific questions, the noblest that can ever be dis-

cussed. These would-be practical persons ask what is the advantage of such obscure investigations? People had better devote their time, they say, to more useful pursuits than to scrutinizing the imperfections of nature. I answer these practical people, that the discovery of every truth, of what kind soever it may be, is the most useful fruit of human labor. This subject we have just been considering, proves this conclusively. You can easily imagine, that if all eyes have irregularities, some will have them exaggerated to such a degree as to diminish the power of sight. Such eyes are weak, and not capable of performing the duties our present state of civilization demands of them. The educated of to-day, however, know not only how to discover the optical irregularities which cause weakness of sight, but to determine their nature and degree with such nicety, as to give the practical optician directions, in what manner he has to grind a new kind of spectacles—I mean cylindrical, by the aid of which thousands of weak eyes are now enabled to do any fine work, as well and as long as perfect eyes. I think this is a splendid reward to the scientist who invented the instrument by which we are able to measure the irregularities of the eye.

We have now accompanied the rays of light into the eye, but I have not yet mentioned that wonderful opening of the deepest black color in the middle of the iris, I mean the *pupil*. Through this inlet, all the rays of light must pass before they reach the retina. How is it that this ray of light is so black?

This question, again seemingly impractical, was much discussed some 30 years ago in German Universities, and resulted in one of the most brilliant and beneficial discoveries of modern science. The first impulse to these investigations was given by a sad and criminal deed, in a country town of the Kingdom of Saxony, by a clergyman in discord with one of his parishioners. One dark night the minister on his way home, was attacked and severely beaten. Being convinced that the perpetrator was no other than the man with whom he was at enmity, he entered a complaint against him, but the judge objected that self-testimony and moral conviction although they might do very well in religious matters, could not be taken as evidence in courts of law. Whereupon the priest, who was well versed in legendary and scientific lore, replied: "During the affray I received a severe blow upon the eye which caused a brilliant light to flash out of it, so that I could recognize the features of the assailant, who was the man I accuse." The judge was so surprised by the novelty of this assertion and the positiveness with which it was uttered, that he declared himself incompetent, and appealed to the opinion of experts. The question was brought before the forum of the medical faculties of the Universities of Leipsic and Berlin, and was studied profoundly by the celebrated physiologist Johannes Müller. The result of his researches was a most valuable acquisition to science, the discovery of the so-called *specific* energies of the nerves of sense, according to which a nerve of special sense, excited in any way whatever, invariably answers by causing the sensation peculiar to it alone. The optic nerve, when pricked, burnt, cut, hit, electrified, etc., will invariably cause a sensation of light, but this light is subjective, due to an abnormal condition of the nerve, and not in the least capable of being perceived by another person, or illuminating the objects around the irritated eye. Any one can repeat on himself the truth of these statements. Therefore the complaint of the priest was dismissed his assertions being in contradiction to the laws of nature.

This celebrated case was the starting point of scientific inquiries into the cause of the darkness of the pupil of the eye, and the peculiar condition under which the pupils of certain animals, and sometimes also of men may become luminous. After a good deal of preparatory labor Prof. Helmholtz solved the problem and invented the opthalmoscope, or eye-mirror, an instrument by which it is possible to look into the depth of a living eye and see its marvelous interior structure in all its details and brilliancy, as if it were a picture spread out before us. The optic nerve expanding into the retina, with its wonderfully ramifying net of arteries and veins, on which you can see the pulsation of the blood as well as you can feel it on the wrist; the choroid with its shades of pigmentation and intricate interlacing of blood vessels; nay, even the miniature images of outward objects can be seen portrayed on the retina, and their reversal, for centuries a topic of lively discussion, diredtly observed on the back-ground of the living eye.

Ladies and gentlemen, this was a triumph of science so great and important in its results as the instrument itself is small, and of admi-

rable simplicity. It was at once made practical by the combined efforts of many illustrious physicians who discovered with it a great number of diseases hitherto unknown, and which, as soon as they were recognized, became amenable to treatment. The little instrument proved not only a mirror for the eyes, but revealed many of the other evils which flesh is heir to. It did not only inaugurate a new epoch for the study of the organ of sight, which in the short interval of two decades has become the most cultivated, reliable and beneficial of the various branches of medicine, but led to the study of other organs in the same way. Mirrors for the ear, the throat, and other parts of the body, opened so many fertile fields for the progressive labor of physiologists and physicians. There may be hardly any one among you but has been, or will be, benefited by the practical results of these investigations. Even the French, the proudest of all nations,—the present company as representing the American, of course, excluded—recognized the value of the ophthalmoscope by giving it the highest praise a Frenchman is capable of. A French reviewer naively said: "The ophthalmoscope is such an admirable German invention that it deserves to be a French one."

It takes a certain time to render a great name popular, but the name of Helmholtz as a creator of new science, will live as long as the names of glorious Newton and Humboldt, and as a benefactor of mankind, it will be unsurpassed even by the blessed names of Dr. Jenner and the one over whose ashes this country is still weeping, George Peabody.

But let us continue, that we may see how waves of light are converted into nervous fluid, and ultimately into thought. We followed them to their collection in the image upon the retina. This membrane has a very complicated structure, which again, has been investigated nearly exclusively by German anatomists. Of the many layers which compose the thin transparent retina, one, the outer, is distinguished by a peculiar arrangement and utmost subtlety of its elementary parts. These are called rods and cones, and each of them possesses an inner and outer portion. Three years ago these details were at the limit of the power of the strongest microscopes; but the invention of a new system of lenses, the immersion system, adds so much magnifying power, while preserving good illumination, to the former microscopes, that it is now possible to distinguish further details in the rods and cones. The surface of the minute staves is covered by infinitely fine nervous fibres, finer than have been observed anywhere else in the animal organization. The outer portion of the little staves consist of extremely delicate discs, cemented together by a glue, the refractive power of which differs from that of the discs. In, around, or between these discs—which, is not yet clearly made out—terminate the delicate nervous fibres which run over the surface of the inner portions of the little staves. Until within the past two years, nobody had definite ideas how the nervd fibres were acted upon by light.

Physiologists contented themselves with the knowledge that the outer layer of the retina contained the percipient elements. Now it is supposed, or rather on the way to be proved, that the waves of light enter the little staves and are repeatedly reflected in the little discs. A remarkable coincidence exists between the size of these discs and the length of the light waves. The latter vary between .00003 to .00008 mm., according to the different colors, and the thickness of the retinal little discs lies between the same limits. You all know that the different colors which compose the sunlight, are due to ether waves of different length, and may be isolated by means of a prism. If now a ray of light, the undulations of which are of a certain length, say .00005 mm. meets on its way a substance composed of different layers, the thickness of which is equal to, or a simple multiple of, the length of the light wave, the latter will not proceed in its course, but be repeatedly reflected from the two surfaces of the layer corresponding in thickness to the length of the light wave. Waves thus repeatedly reflected are called *standing waves*, and possess a much greater force than the simple passing or flowing waves. Standing waves are, therefore, fit to impart far greater commotions to the nerve fibres in or on the disc, than the flowing waves. It is evident that the latter will be converted into standing waves only in discs corresponding to their length. They will only excite the nerve-fibre of these discs, having passed the others without acting upon them. Suppose, for instance, the light wave of blue color, being .00003 mm. in length, enters a little retinal staff, then it will pass undisturbed through the discs of other dimensions than .00003

mm., but after having once penetrated this one, it will be repeatedly reflected. Thus special nervous fibres are excited, and the definition of natural philosophers, that color is nothing but the sensation of ether waves of a specific length is accounted for.

Here the light wave ends; it does not die however, but is transmitted to the ether-zones enveloping the molecules of the optic nerve. Usually this transmission is called absorption of light.

Natural science has of late discovered a law of the greatest fundamental importance, the law of preservation and correlation of forces. This law shows that force can neither be created nor destroyed, it can only be transferred, and manifest itself under other phenomena. Light can be converted into electricity, and the nervous current is very much akin to the electric current. It moves the magnetic needle, and has many properties in common with the electric currents. They are, however, not identical, since the velocity of the nervous current, as Helmholtz was the first to show, is only 61 mt in a second, while that of the electric current is not far from 300,000 miles in the same time.

Thus far we are able to accompany the light wave: it has united with the nervous fluid, and will thereby be transmitted to the central organ of the nervous system, the brain, where it is ultimately converted into thought.

But here, ladies and gentlemen, science in its present state, stands on the confines of an apparently unfathomable mystery, to penetrate which another mirror must be invented. I have, however, faith in the power of science, and am convinced that nothing is impenetrable to the eye of the human mind.

The history of civilization shows a slow work, and frequent disturbances by political convulsions. Europe, especially Germany, where scientific investigation is so generally appreciated and liberally encouraged, may be crushed with the downfall of the untenable forms of personal government; but this country, although still betraying many deficiencies of youth, is the bright star that will usher in an epoch of higher culture.

In regard to the last problem of our subject, the formation of thought out of visual impressions, centuries may pass, before a brain-mirror will be invented. But so sure as science is ever progressive, so sure it is that another Helmholtz will come to invent this mirror, and as the course of civilization and human progress is westward, let us hope that he will be—an American.

Communications.

CLIMATOLOGY AND DISEASES OF THE EASTERN AND CENTRAL PART OF IOWA.

By P. J. Farnsworth,
Of Clinton, Iowa.

Local observation and experience are of value in making up a general result; that is, of very great importance to the State and the rest of the world; and it is to be hoped that others may be led to make similar reports, from other points of the State, so that general conclusions may be reached. My point of observation is in the extreme Eastern portion of the State, about midway North and South on the Mississippi river, and along the Chicago and North Western Railroad, running West through the centre of the State, 41° 50′ N., 90° 10′ W.

The prevailing winds are north-east and north-west. The north-east wind comes over the great lakes and is saturated with moisture which is precipitated in various parts of the State, when it meets the north-west current. The north-west wind is a cool dry wind, and crosses the north-east current at an obtuse angle, the current crossing the centre of the State nearly in a line drawn from Dubuque 42° 80′ N. to the mouth of the Platte river, 41° N. latitude; and the west current entering at Sioux city, passing out at Burlington in latitudes corresponding with the above. These are the prevailing winds; occasionally there is an east, or south, or west wind, but only for a little time together; but a direct north wind has never been observed at this point.

This is confirmed by seven years observation, kept for the Smithsonian Institute. The north-west current is invariably a dry wind, and in winter often intensely cold. It comes from the Rocky Mountains over the arid plains that intervene, and absorbs the moisture and malaria, and either destroys it or carries it away to the east. The easterly wind is usually warm and damp, and has all the malaria, or disease bearing germs that is ascribed to the "East-wind" in the old countries. The average temperature for each year, for seven years past, at Clinton, has only a fractional variation from 49° (Fahrenheit). The average amount of rain fall for the corresponding time is 47.22 inches. This varies from year to year, and is much larger than in some other parts of the State.

The prevailing diseases are modified by the prevailing winds of summer and of winter. In summer much east-wind, and consequently much dampness, and rain fall produces an amount of malarial or intermittent disease; while much west-wind in winter produces an increase of lung and rheumatic difficulties.

The distribution of the summer rain fall, has the most marked effect on the health of the State. Large amounts of rain in May and June are usually followed by dry weather in July and August, and a comparative exemption from sickness during the fall months. Heavy rains in July and August are followed by malarial fevers, and diseases partaking of the intermittent character during the fall months, often extending into the winter. Severe intermittent fever, or fever and ague, has seldom or never been observed at Clinton, or its vicinity. It sometimes approaches more nearly in the newer portions of the State along the Chicago and N. W. Railroad.

For the months of June, July, and August, 1865, the prevailing wind was eastward; during the months of August, September, and part of October, there occurred a large number of bilious remittent or typho-malarial fevers; or what Bennett denominates continued fevers. They were ushered in by a chill, and continued sometimes with regular intermissions, sometimes with slight or irregular remissions for a period varying from a few days to six weeks. It seemed to attack children and adults indiscriminately.

August and September of the following year, 1866, were wet months, and were characterized by an outbreak of cholera at Clinton and other places along the river. The germ of this disease was undoubtedly imported, but the soil in which it flourished was just as certainly prepared by the superabundance of moisture of the season; only slight cases of fever occurred during the next three years. The past summer, which has in Clinton and other towns through the centre of the State been very wet, has been characterized by a large number of cases of fevers, termed variously, bilious-remittent, continued or typhoid fevers. These fevers have all a family likeness with those of previous years. Many people come to the office in July complaining of slight chill, and slight febrile action, loss of appetite and languor. A cathartic, an opiate, and an *anti periodic* varied to suit the case, relieved almost all. In August the outside practice has largely increased, and the cases did not yield to the ordinary remedies, but had long runs from one to eight weeks. The mortality was small, few cases proving fatal. In following a case through there were certain stages that had a certain typhoid appearance; but none that came under my observation began or continued like cases of typhoid fever in the Eastern States. No new cases appeared after the first decided frost of October. There seemed to be less liability of attack to those who had lately come into the State than of old residents.

Disease has exhibited a malarial type through the winter ,and now many of the new comers have had slight attacks of ague, yielding readily to remedies.

Epidemics are rare, diphtheria has only occurred sporadically, scarlatina has been very mild within our observation, until the present season, when it has exhibited in a few cases a peculiar malignancy. Such diseases are modified probably by no place or climate. The mortality from all of these diseases is very small. It is unfortunate that we have no system of registration by which the exact percentage could be obtained.

During the summer of 1863, in the vicinity of Clinton, a large number of cases of meningitis occurred among young children. It almost seemed an epidemic. It was sometimes an accompaniment of cholera infantum; sometimes the primary disease. It has not prevailed since. Young children do not seem to be affected by any climatic influences more than elsewhere. The prevalence of bronchial pneumonia, and capillary bronchitis among children, has been noticed several winters, when the dry west wind prevailed, especially in March.

The remarkable number of children in every town, and school district is a noticeable feature in the State, which may be attributed to a favorable climate, or a young and vigorous population. Besides a remarkable fecundity in my range of observation, the preponderance of males born, over the females, have been almost three to one. This is probably nature's protest against women's rights.

The most marked influence of the climate is over pulmonary and tubercular diseases. Phthisis pulmonalis is rarely seen. Many with marked tendency to such diseases are constantly emigrating to the State. The dry, cold currents seem grateful to them, the damp malarial atmosphere is tolerated by the lungs;

and even advanced stages of tubercular disease have been benefited or cured, or the disease determined to some other organ. Pneumonia, bronchitis, and influenza, the exciting cause of much of the fatal pulmonic disease of New England, are rare diseases here. In my practice of seven years, I have met with but four cases of pneumonia, and but three or four cases of bronchial pneumonia or acute bronchitis, and but one case of pleuritis.

In several cases of incipient consumption a residence in the State has produced a decided change, and a marked alleviation, and in no case, unless too far advanced, has it seemed to fail to prolong life. Many persons rejected by life insurance examiners on the score of hereditary phthisis are enjoying excellent health, with no signs of lung difficulty. In several cases of inherited taint, and strong predisposition to consumption, the disease has chosen the liver, or mesentery instead of the lungs. This I have been able to verify in one or two instances, by *post mortem* examination. Malarial attacks seem favorable to the lungs, but determine the disease to the liver.

A friend of mine, in whose family several members have died of phthisis pulmonalis, and whose lungs have begun to ulcerate, recovered and enjoyed good health for five years, and then fell into poor health, and died at the end of seven years, with a complication of diseases of the liver and kidneys, undoubtedly transferred from the lungs. Chronic bronchitis and laryngitis are usually benefited by a residence in the State, and seldom have been known to originate here.

Inflammatory rheumatism is occasionally seen in the fall and winter months, but only a few cases have been noted, and those occurring in persons with strong predisposition toward it.

When the armies of the East were disbanded they were found to have brought home with them a new disease, which they were liberal in disseminating and which was difficult to understand or cure. Physicians East named it "army itch," but western men had no difficulty in recognizing it as the "prairie digs," or "scratches," or "psora prairiensis." This seems indigenous in Iowa. At one time I investigated the complaint to a considerable extent. It seemed not to be of parasitic origin, and was aggravated by remedies applicable to scabies. It was conjectured that it was from malarial influence, as it readily yields to quinia or arsenic, internally, and remedies externally that benefit eczema. We hear no more of it at the East, but it prevails epidemically in many rural neighborhoods and cities of this State at present.

The result of my observation, is that the climate of the state is favorable to longevity, that certain wet summer months, produce a prevailing mild form of malarial disease. Typhus fever has never been known, neither have many cases of pure typhoid, and only seldom a typhoid form of disease seen.

Lung diseases, both acute and chronic are the exceptions and not of common occurrence. Rheumatic complaints are rare. Contagious diseases seldom are of malignant character. Nephritic diseases are not often met with. The clear, stimulating atmosphere that prevails during the greater part of the year, has an undoubted influence in producing the restless energetic character of our people, for which the state is becoming noted, and is favorable to health. The remarkable dryness and purity of the north west wind, makes the most unfavorable locality healthful, and the good health of the State seems to depend in a great measure upon its prevalence. Certain diseases are born, and fostered by the east wind and its attendant dampness. Lung diseases seem benefited by a mixture of both. Asthma is not benefited by a residence in the towns along the Mississippi river, but is sometimes benefited by a residence in the interior. The summers have sometimes seemed to exert an unfavorable influence over the diseases incident to childhood; the winter to bring with it a crop of infantile lung diseases. These results are not uniform, and a larger proportion of infantile mortality, may be ascribed to the larger amount of production above alluded to.

As the country gets older, and a system of careful drainage is instituted, much of the malarial type of disease will disappear, and the fruitful source of much of all the diseases of the country will be taken away. This, with the more comfortable dwelling places that succeed the first habitations, will obviate many of the children's diseases. In other respects, the cultivation of the country will have little to do with a change in the climate, or the diseases of the State, as there are no forests to clear up, as in some regions in other parts of the world, which materially modify atmospheric changes.

ABSCESS OF THE TIBIA.

By W. L. Appley, M. D.,
Of Cochecton, N. Y.

Sir B. Brodie after alluding to the organization of bone, and its liability, the same as other tissues, to diseased action, and remarking upon the peculiarity of the symptoms, that lead us to suspect the existence of abscess in the tibia, and what can be done for its relief, says: When the tibia is enlarged from a deposit of bone externally; when there is excessive pain such as may be supposed to depend on extreme tension, the pain being aggravated at intervals, and these symptoms continue and become aggravated, not yielding to medicines or other appropriate treatment, that may be had recourse to—then you may reasonably suspect the existence of abscess in the centre of the bone. You are not to suppose that there is no abscess because the pain is not constant; on the contrary it very often comes on only at intervals. After the disease has existed a certain number of years, the pain never entirely subsides, but still it varies, and there are periods of abatement and exacerbation. The combination of circumstances which I have described, will fully justify you in making an opening into the bone with a trephine.

Peter Bowen, aged 45 years, has suffered at intervals for the last 20 years with pain in the upper portion of the right tibia; he has had a variety of treatment without much if any benefit. The bone was considerably enlarged above the middle, and tender and painful to pressure. The pain for the last three months had been excessive and aggravated at intervals, especially at night—he seldom slept any during the night. I gave him some remedies which I need not enumerate, without any benefit. The pain continued, and I began to suspect that there might be an abscess in the centre of the bone. Under this impression, I proposed cutting down upon the bone, and making an opening into it, so that the matter might escape if there were any there. The operation was performed January 22d, 1870. The patient under the influence of chloroform, I exposed the surface of the bone at the point where there seemed to be the most tenderness and pain on pressure; the external surface was soft and spongy; I commenced a circular opening with a small trephine, and on penetrating the bone a little way, it became so hard I concluded it would be difficult to make an opening to the cavity; I abandoned the trephine, and used a drill about the size of an ordinary pen holder and made an opening to the centre of the bone, and on penetrating the cavity, pus escaped freely. The wound was left to granulate, and the after treatment was simple as possible.

The wound is now, the 10th of March, nearly healed; the relief is complete; he has not felt the least pain in the tibia since the operation, he sleeps well at nights, which he had not done for months previous to the operation. I am much gratified with the success of this operation, and with a similar one published in the Reporter, vol. 21, No. 17. Both go to show the important views on the nature and treatment of chronic abscess of the tibia; first inculcated, I believe, by Sir Benjamin Brodie.

A CASE OF DELIRIUM TREMENS.

By J. H. Maynard, M. D.
Of Unity, Md.

My object in sending you a brief history of this case is not so much to detail its horrid phenomena, as to add my testimony in favor of the antagonistic action of atropia and morphia.

On the night of the 3rd, I was called hastily to C. F., a man whose face at once conveyed to the beholder the saddening intelligence that he was a complete sot. I had been first called to him a few days previously, and had found him in the first stage of delirium tremens. I had commenced the treatment with an active purge, which, in due time, was followed by Dover's powder, bromide potas. morphia, etc., without material benefit. On the night in question, I found all the symptoms greatly aggravated. Having failed with the above, I tried digitalis, which seemed to make no impression, I then, for the first time in this case, gave chloroform which likewise failed to make more than a momentary impression. I then concluded to try morphia again in larger doses than previously; given with the view of controlling if possible, the violent excitement which seemed to be rapidly exhausting his vital power. So I gave him morph. sulph. gr ½, and left to attend to duties elsewhere. When I returned in about an hour after, I found my patient completely narcotized. He was profoundly comatose; stertorous breathing, if two jerking inspirations to the minute could be called breathing; pupils nearly obliterated, pulse but slightly

changed then, but in a few minutes I found was beginning to sink rapidly, showing that the deplorable condition in which I had just found him had just ensued. As soon as I could prepare a solution of atropia, I injected hypodermically f.ʒss., containing 1-60 gr., and in half an hour afterward finding the pupils slightly dilated and his respiration having increased to three per minute, I administered in the same way, the other half, and in half an hour after the last, to my surprise and gratification, he suddenly opened his eyes and spoke quite rationally to one of the attendants. Pupils then dilated to their natural size and respiration quite natural. He very soon however began to rave again and violent convulsions coming on, for the relief of which I ineffectually gave chloroform, he sank rapidly and died about the middle of the following afternoon.

My last administration of morphia was probably an error, which was promptly corrected however by the atropia, which in its turn did not I think have any bad effect, as the pupils remained at about their natural size until death.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Clinic of F. F. Maury, M. D.
March 9, 1870.

Phymosis.

(REPORTED BY RALPH. M. TOWNSEND, M. D.)

Gentlemen:—I call your attention to the result of an operation performed a week ago for phymosis. The result is most perfect, acceptable, and agreeable. As a result of his long prepuce this man was aided in the contracting of syphilis, and I therefore again impress upon you what I have often told you before: Whenever you find these long foreskins, amputate them.

I now introduce to your notice two cases of

Glandular Syphilis,

variously denominated adenitis, adenopathy, etc.

The study of lymphatic involvement is the contemplation of the milestones along the syphilitic highway.

Sigmund says the involvement of the glands is pathognomonic of the involvement of the system. Ricord says all syphilis is preceded by glandular involvement, and Bumstead says he knows of no case where this latter has not first occurred. After infection, *ceteris paribus*, we do not have a parallel train of symptoms between men of different temperaments or different races. The state of the system at the time of receiving the specific impression also has to do with the result. In the African, *adenitis* is unquestionably more common than in any other race. A scrofulous element modifies the syphilitic poison, and the former is largely prevalent among the negroes. This granted, why may not like modifications produce like difference in the result in the white race. That adenitis is in all cases a sure precursor of constitutional implication is a matter admitting of doubt. Not that such glandular involvement does not exist; but there are cases where undoubtedly it cannot be detected. In these men, typical Africans, one is the subject of much greater swelling than the other, because different sets of glands are involved.

The pathology of this condition is briefly this. All over the body we have two sets of lymphatic glands. For instance, in chancre the superficial inguinal glands above Poupart's ligament are the ones most commonly involved; while fissure around the anus involves a deeper set of glands. One of these men has enlargement of the parotid lymphatic glands, and the other of the submaxillary. The last named is bound down by deep fascia which finds its attachment under the jaw. The enlargement of the submaxillary gland is never as great as the parotid, because the last is not so firmly bound down by fascial attachment as the first. After enlarging, these glands undergo three kinds of degeneration. 1st, the amyloid or fatty; 2d, the gummy or tubercular, and 3d, the calcareous. When they undergo the gummy degeneration they are slow to suppurate.

The influence which disease of the glands exerts should be well understood, for ofttimes, independent of syphilis they produce cachexia. How? Because they play an important part in assimilation. Hence were these men white, we would have them of marked pallor.

Treatment.—Syrup of the iodide of iron, corrosive chloride of mercury, iodide of potassium, and chloride of barium are here indicated. This last named remedy, though not much dwelt upon by writers I consider of great efficacy in these affections. Give it in solution 3 to 4 drops after meals. Combine it with 25 drops of the syrup of the iodide of iron, and not ten drops as laid down in the books. Less than this will do no good, and more is rarely indicated.

Give cod-liver oil in tablespoonful doses. The bi-chloride of mercury in quantities the 1-6 of a grain and from 6 to 8 grains of the iodide of potassium. Act upon a man's skin. Keep the mucous membrane free from saburra. Increase the red corpuscles and give beef and milk punch, and all that stimulates and revivifies depressed and sinking nature. The gland on the side of this man's neck, though large and unsightly, I would not extirpate. It is tubercu-

lously enlarged, and surrounded by degenerate matter. To thoroughly do the work, would necessitate the removal of too much tissue. Ofttimes when these glands are circumscribed, it is good treatment to introduce a knife subcutaneously and *hash* them up. We may use here locally.

℞. Ung. hydrarg. bin-iodidi, ʒj.
Cerat. simp., ʒvij. M.

This ointment is discutient and resolvent. The ointments of the nitrate of mercury, of the iodide of lead, and of the bin-iodide of mercury, are all good for this purpose. The last named I think the best. Flying blisters, so called from the frequency of their application, are productive of great good. They should be applied immediately over the enlarged gland.

Gonorrhœal Rheumatism.

This man is a coach painter. On the 4th of January he had clap. He contracted it in Calcutta. Shortly after contracting the disorder he was seized with rheumatic pains, and these still continue. At the present time he has gleet. Now the question arises, what is the connection between the primary affection (clap) and the secondary disorder (rheumatism). Some writers explain it on the ground of a diathesis. They say some men have a diathesis for gonorrhœa, as some children have for scarlet fever. This explanation has no other merit than that of sounding pretty. Men often have intercourse ten times with the same woman, and not until the 11th time do they contract clap. That cannot be explained on the ground of a diathesis. Climate, I think, has in these cases much to do with cause and effect. Take a man with gonorrhœa in the damp, musty atmosphere of London, and he will run greater risk of becoming rheumatic than where the air is drier and purer. I am strongly inclined to think that there is such an affection as gonorrhœal rheumatism, but what it is or what is its pathology, I am not exactly prepared to say.

Ordinary rheumatism may affect the body generally, but gonorrhœal rheumatism rarely affects more than one joint. Its preference is for the knee and great toe joints. It succeeds the disappearance of the urethral discharge.

Treatment—Should be both constitutional and local. For the latter, flying blisters, for the former, colchicum, ammoniated tincture of guaiac in doses of twenty drops in mucilage, Fowler's solution, and iodide of potassium. Introduction of an instrument into the urethra shows it to be in a granular condition, especially in the region of the bulb. He has had syphilis, and his affection may, and possibly does, depend upon this last named affection.

Condylomata.

Sometimes called warts and cauliflower excrescence, are exemplified upon the head of the penis of the patient I now introduce. You often see these warts where no syphilitic condition can be developed. It is a matter of difficulty to distinguish between gonorrhœal, specific, non-specific, and hereditary warts. If we find them around the verge of the anus in children, they are always syphilitic.

Sir Astley Cooper reports a curious case where a man from Yorkshire had condylomata upon the head of his penis. He had intercourse with his wife, and Sir Astley was afterward called to remove a large warty excrescence from her os uteri. Another afterwards appeared and was removed by the same process, in the region of the umbilicus.

Treatment.—Cut the growth off with the scissors, be careful to trim the parts clean. As these warts are very vascular, and when specific, excessively inoculable, you must have a care both for your patient and for yourself. After trimming them off, touch the raw surface with chromic acid, and for a day or two keep the patient at rest.

Psoriasis.

You see the result of a week's treatment of this case (reported in the last number of the REPORTER. R. M. T.) The patient's skin is softer; the scales are dropping, and I fully agree with her that she is much improved. The treatment will be continued.

ST. ELIZABETH HOSPITAL, COVINGTON, KENTUCKY.

Surgical Clinic of Dr. Charles Kearns.

(REPORTED BY J. W. HADLOCK, M. D.)

Barny F., æt. 62 years, laborer, came under my care, in this house, Oct. 1, 1869, for which I supposed to be an irritable condition of the prostate gland and neck of the bladder. There was present all the usual symptoms in such case and particularly in patients of his age and habits.

After the ordinary anodyne and diuretic treatment without benefit, my friend, Dr. Jessup, while visiting the Hospital with me, recognized Barny as an old patient, and stated his belief that Barny had stone. Soon afterwards I examined him and was able to corroborate Dr. J.'s statement, being able at once (the bladder being distended) to detect the characteristic clicks, but could form no idea of the number or size of the calculi. After having my diagnosis more fully confirmed by the passage of a small stone, I determined to operate.

The difficulties of the operation will be better understood after a description of my patient, who is about five feet six inches high, of small bone, compactly built, and weighs about 160 pounds.

On the 23d, after chloroform, I made the ordinary incision in the lateral operation; but from the narrowness of the outlet and great amount of fat after the knife had entered the bladder, I could not reach the termination of prostate gland to direct the forceps for the calculi. After several attempts,

however, I succeeded, and took from the bladder ten or twelve small, but distinct stones, and about a desertspoonful of fine gravel or sand, washed the bladder out thoroughly, and left a gum catheter in the wound to pass off the urine. On the third day, removed the catheter and the urine passed by the urethra. In two days was completely well, the urine passing freely through the urethra without pain.

After two weeks the under portion of left thigh swelled and became painful, the pain frequently extending to knee and back to hip joint. This continued for two months when the swelling subsided, and to some extent the pain. At this date (March 2d, 1870,) patient doing well, has no trouble about passing the urine, but complains of pain about the hip when the leg is moved, and is unable to walk.

Mike C., an Irish laborer, æt. 30 years, on the 15th day of April last, 1869, while attempting to place an iron truck upon the track, had his left leg caught under the axle of the car, and both bones comminuted six inches above the ankle, and forcing the comminuted fragments through the skin at four different points. Upon removing the protruding fragments I found such hemorrhage as to require the immediate use of the tourniquet. The flow of blood controlled, he refused to allow me an examination of the wound.

On the morning of the 16th, accompanied by Dr. J. J. Temple, I gave him chloroform, the blood continuing to flow freely on the removal of the pressure from the femoral artery. I again made pressure, and incised the leg for six inches on the inner side, and found the hæmorrhage to be from the lacerated posterior tibial artery—both ends of which were ligated, which completely controlled the flow of blood. The leg was then put in a box, the foot being made firm by a roller to a foot-board, and the leg made comfortable and secure, from motion, by pads to the side, and a roller confining it to the box, as high as the upper third of the thigh.

On the 17th, quite comfortable; the wound being left open from the first; had cloths frequently dipped in cold water applied, but to-day ordered a ten grain solution of carbolic acid with glycerine and water applied, suppuration having commenced with an offensive discharge. On the 18th; slept well the previous night; appetite returning, ordered an ounce of castor oil to be given at night; the wound less offensive; the discharge not increased. On 19th; had slept well the previous night; had this morning a discharge from the bowels; complains of a feeling around the wound, similar to that occasioned by flies crawling upon it; solution of carbolic acid continued; wound not offensive; patient cheerful.

On the 2d leg somewhat swollen, and at one point where the bone protruded a slough had occurred, otherwise the leg in good condition, and the patient cheerful and encouraged.

The heel having now become sore, the leg was slightly flexed and a splint applied, corresponding to the flexed condition of the leg, and extending to foot, also corresponding to angle between the foot and the leg. This relieved the heel, and placed the wound in a better condition to discharge. The results were very satisfactory: bones united, leg straight, and at this date, June 1st, patient has returned to work, and, to use his own words, has as "good a leg as ever."

Daniel O'C., æt. 25 years; in a fight was kicked on the right side of the face, fracturing lower jaw, behind mental foramen in an oblique direction—the obliquity extending from within outward, and from before backward, also fracturing the bone upon left side, just in front of the angle with but little displacement. On the right side the posterior fragment was drawn in toward the tongue; the anterior fragment dropping half an inch below. The fracture had been reduced by some physician before the patient was brought to this hospital, and the ordinary roller bandage applied, extending from the chin to the top of the head and held in position by a turn of the roller circling around.

When first seen here by me the tongue and floor of mouth were very much swollen, and the discharge from the lacerated tissues very offensive. Finding myself unable to maintain the parts in apposition upon the right side (the left showing no disposition to displacement), I wired the teeth from each fragment together, and placed a cork between the posterior fragment and teeth of upper jaw, and then applied the four-tailed bandage and drew the chin up until the teeth were on a line horizontally, and kept them in this position for ten days, removing then only the wire, which was producing inflammation of the gums,—continued the cork and pressure seven days longer. When he complained of pain on the left side near the angle of jaw and seat of fracture on that side, I removed the bandage and found an abscess, which continues to discharge, but at this date, April 20th, much less. There is union upon the right side, but some deformity, the posterior fragment overlapping the anterior or inner side, and necessarily shortening the right side of jaw.

The motions of the jaw are good; the teeth are in line, and with the mouth closed the face appears as though a quid of tobacco protruded the cheek of right side.

Rachel G., German woman aged 40 years, April 4th, fell down cellar stairs and had the bones of the right leg broken about three inches above the ankle joint: the foot everted and the symmetry of the leg entirely lost. Reduced the fracture, and applied side splints, confining them with roller bandages, and ordered cold water to be applied. On the morning of the fifth the limb much swollen, bandages tight, much pain. I at once removed the bandages and splints, placed the leg upon a pillow, and

ordered cold water applied. April 15th, no displacement has occurred and the swelling having subsided, the symmetry of the leg is restored. 20th, complains of pain in the ankle joint. No shortening, and the motion in the joint is good, not so good as formerly, but fair. The points of interest in the case are, 1st, the bones being comminuted when reduced, retained their place after 18 hours bandaging, showing by measurement no shortening and fair motion in the joint. 2nd, the tense and swollen condition of the limb served as a splint until union took place, keeping the parts in apposition, and lastly, the fragments were so adjusted that after reduction there was no shortening, muscular contraction being absent throughout. January 4th 1870, patient entirely recovered.

P. S. In the report of the Covington and Newport Medical Society published in the REPORTER, the paper on *Digitalis* should have been credited to Dr. J. H. Smith, and the one on *Veratrum* should have been credited to Dr. D. R. Fletcher.

MEDICAL SOCIETIES.

THE IOWA STATE MEDICAL SOCIETY.

The Iowa State Medical Society met in the Hall over the Citizens' Bank at Desmoines, Iowa, as per adjournment. The minutes of the last Annual Meeting were read and approved. The President, Dr. S. B. THRALL, proceeded to deliver his inaugural address, from which we make the following extracts:

Twenty years ago, (in 1850) this society was first organized, and with the exception of two years, has met annually since then, its meetings being held at various times and places, attended by a small number from the vicinity of the place of meeting; it has not been until the past year or so that the means of communication by railroad were such as to encourage a comparatively general attendance, and from a large portion of the western and northern half of the State, we have but few members; the railroad facilities constantly increasing, the location of our meetings at the State Capital, should hereafter give us a much larger attendance.

So far as I am aware there are but very few county or other local medical societies. The importance of medical associations for mutual benefit is evidently not appreciated by a large portion of the physicians of the State, and I would suggest the appointment of a committee instructed to prepare a circular on that subject and send to physicians in every county in the State, setting forth the benefits arising from, and trying not only the formation of county or local societies, but attendance upon and contributions to the State Society. During the past year there has been organized a Medical Department in connection with the State University at Iowa City. Professors have been appointed, most of them residents of this State, and members of our Society. The first regular course of lectures is announced to be given next winter. You are all aware that there has been for some years a Medical College located at Keokuk; a majority of its teachers are members of this society. I do not desire to say anything here concerning medical education, a topic which has for years been agitated in the American Medical Association, and in various State and other societies; it would be legitimate for this society to take such action as they might deem proper and best adapted to advance the cause of medical education in this State, to harmonize conflicting interests, and if necessary make such recommendations to the Legislature or Trustees as will best conduce to initiate and maintain a high standard of medical education.

The address was received and referred to the committee on publication.

Drs. WHITMAN, CARPENTER, and BEACH were appointed to fill the vacancies upon the Board of Censors, Drs. GAMBLE and WATSON of the same being present.

On motion of Dr. STONE a resolution adopted in 1866, at the annual meeting, remitting the dues of members who were absent in the army to that date, was so amended as to apply to all members in arrears.

It was moved and seconded that the report of the committee on legislative enactments and order of business, including the new Medical Department of the State University, be made the special order of business.

The President's address being called for, Dr. S. B. THRALL delivered an able and interesting address:

ADDRESS OF S. B. THRALL, M. D., PRESIDENT.

After speaking of the early history of the Society, he said:

For a series of years extending back nearly to the date of the admission of the State, investigations have been in progress, and have demonstrated that this is one of the healthiest States; that miasmatic diseases prevail less extensively, and less severely than in many others. During fourteen years practice in the Des Moines Valley I have seen a less number of sinking chills (pernicious intermittents) than I formerly saw every year in the Scioto Valley.

Consumption, the terror of thousands in the older States, finds comparatively few victims here, even with those who have a strong hereditary tendency to this insidious and fatal disease, a timely removal to the dry and bracing air of our high and rolling prairies so modifies the constitutional tendency, as in a majority of instances to prevent the development of the latent disease. Many examples in proof have come under my personal observation.

To try to prevent by legal enactments the incompetent practice of medicine is visionary and chimerical. None appreciate that fact so well as the educated physician. While admitting the impracticable character of such laws as above referred to, I think a legal remedy may be prescribed, that will accomplish much toward the attainment of the object sought; that will not trespass upon our democratic spirit, opposed to restricting any person from pursuing any lawful vocation; that will furnish an *interested party to prosecute* according to the provisions of the law.

Any person in Iowa may call himself or herself Doctor, administer medicine to the sick, attempt to perform surgical operations, without any knowledge of what they are doing; violates no law, and is simply amenable to prosecution for *civil damages.* The most perfectly educated and qualified physician or surgeon in Iowa is liable to a similar prosecution by law. No distinction is made between him and the common swindler in medicine; is this right? Is it fair play? Should a man entirely ignorant of the construction and operation of the machinery of a railroad engine, or a steamboat boiler, with no knowledge of the power of steam, or the machinery, by which that power is utilized, assume the duties of an engineer, professing to have the requisite knowledge, ability, and experience, and as a result serious injury or loss of life would occur, that man would be deemed a criminal, and nothing, unless it might be a plea of insanity, would save him before any jury. There are now in Iowa hundreds of persons without any preparatory education or knowledge of their business, pursuing an avocation involving the health, happiness, and lives of the people, more destructive, because more wide spread, than could occur in the supposed case of the ignorant engineer; daily their victims are laid in the grouud. They call themselves doctors, and escape with impunity. The ignorance of the people on this subject, with the educated and uneducated, makes efficient legislation difficult, if not impossible. Consequently, I would only favor such a law as would give more satisfactory redress to the sufferer who seeks it; as would provide an interested party to enforce the penalties of the law; as would discriminate between the one who has sought to properly qualify, and the *criminally* ignorant.

I think the following meets the above indications. An act entitled an act to protect the health and lives of the community, by punishing the criminally ignorant practitioner of medicine or surgery.

Sec. 1. *Be it enated by the General Assembly of the State of Iowa,* That hereafter, in cases of suit for mal-practice against any person practicing medicine or surgery in Iowa, if such person has a diploma regularly given to him by any school of medicine either in the United States or some foreign country, duly authorized by law to grant such diploma, or is a member in good standing of the Medical Society of the State of Iowa, or of any State, county, or local Medical Society, recognized by the Medical Society of the State of Iowa, such diploma or membership shall be considered as evidence of a suitable preparatory education, and the suit shall be a civil suit for damages only.

Sec. 2. If, however, the person has not the evidence as specified in Sec. 1 of this Act, the suit may be *criminal* as well as civil, and if found guilty shall be fined or imprisoned at the discretion of the court, provided that the fine shall not be less than one hundred dollars, nor more than five thousand dollars, nor the imprisonment less than six months nor more than five years, and in case of fine, to stand committed until the fine is paid.

Sec. 3. No person practicing medicine or surgery in Iowa without the evidence of suitable preparatory education as specified in Sec. 1 of this Act, shall be entitled to recover in a civil action for services rendered.

The above does not confer any exclusive privileges upon the practitioners of any so called system of medicine, as their own Medical Colleges variously denominated, authorized by law to grant diplomas to their graduates. It only in a slight degree and very imperfectly, tends to protect the public against the evils incident to criminal ignorance. If the law makes a distinction it will materially aid the people in doing so. It is a practicable step in the right direction.

On motion, the address was referred to the special committee.

In accordance with previous appointment, Dr. Watson, chairman of the Committee on Business, proceeded to read a report upon the new medical department of the State University. Dr. Watson prefaced his report by the statement, that he in reporting, acted as a committee and a member of the profession without any personal feelings or ambitions for or against any one. The following resolutions were offered:

Resolved, That this society cannot in any manner encourage or approve, of the establishment of a medical school liable to the objections enumerated above; and hereby express the opinion, that to do so would be a violation of the distinct declarations of the constitution, and opposed to the express judgment of the profession.

Resolved, That this society regard the course of those members who have been active in the organization of this medical department of the State University, injudicious and injurious to the interests of the medical profession, and the people of the State.

Resolved, That the organization of a medical department of the State University at this time is uncalled for by the medical profession, and is an unnecessary and useless expenditure of the public money.

Resolved, That whenever it shall become clearly necessary to establish a medical department of the State University, it should be located in one of the largest cities of the State, should be amply endowed, and supplied with a full corps of the ablest and most experienced teachers that can be induced to accept its chairs.

Resolved, That to secure the confidence of the body of the profession of the State, and to produce professionally competent graduates, sound and efficient teachers are indispensable, and such teachers would be more likely to be secured by the offer of a remunerative salary, than by an award of the positions to those who would, or could, afford to accept them with the least pay.

Resolved, That the proper course to be pursued in the selection of a faculty for a State Institution, would be to invite all who choose to become candidates to appear before a professional board for examination; such examinations being designed to *test* actual acquirements and ability to teach, experience, professional and moral character to be considered, and merit alone to secure success.

Dr. Watson again took the floor, and was permitted to proceed to the review of his report.

Dr. Peck upon taking the floor was, upon motion, allowed unlimited time to reply, and was followed by Dr. Lloyd in the affirmative, and Drs. Middleton and Ely in the negative.

The vote on the resolutions being called for, resulted in their adoption by a small majority.

In accordance with the recommendation of the

President's Inaugural address, a committee was appointed to prepare and issue a circular to be addressed to the members of the medical profession in all parts of the State, setting forth the benefits to be derived from the organization of Medical societies, and requesting such organizations to be made. The committee appointed consists of Drs. Williamson, Baker, and Fields.

On motion, a committee, consisting of Drs. Peck, Ely, and Huff were appointed by the President to draft a suitable bill, asking an annual appropriation for the publication of the proceedings of this Society. Also a bill for the recording of vital statistics, and for compulsory vaccination.

Dr. STONE desired to call attention to the great necessity of a law authorizing dissections, but owing to the lateness of the hour no definite action was taken.

Dr. CARPENTER, from the Committee on Necrology, read a report on the late Drs. R. S. Lewis and J. M. Witherwax, the former late of Dubuque—the latter of Davenport—which was received and referred to the Committee on Publication.

On motion it was resolved that the next meeting of this Society shall be about two weeks prior to the annual meeting of the American Medical Association, for 1871—the *day* to be fixed by the President.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Theory of Fermentation.

This question has been discussed with great eagerness by physicians of late years, on account of its many physiological relations. The following article from the *Scientific American*, has therefore a general interest:

Liebig has finally broken through the silence with which he has borne the attacks upon his theory of fermentation on the part of many chemists during the last ten years, and has come out with one of those exhaustive and convincing replies that recall the best days of his great intellect.

The reticence he has observed has emboldened some of the younger chemists to disclose weak points in their attacks; while others have looked upon the dead lion as a harmless creature, and have incautiously come too near his claws. All this small game is scattered like chaff before the wind with trifling effort, and the whole power and force of his argument is leveled at the French Academician and renowned champion of the new school, Professor Pasteur, of Paris.

For ten years Pasteur has had it his own way, and the views published by him have been fast gaining in popularity until they appeared destined to be accepted by a majority of scientific men everywhere. Liebig's paper is therefore a perfect bombshell in the camp, and as soon as the smoke has cleared up, and the fragments have been collected, we shall probably have about as nice a fight as has been witnessed among chemists for many a day. In the meantime we propose to give an analysis of what Liebig says in defense of his old theory of fermentation. It is difficult to make an abstract of so learned a paper, but we shall endeavor to render the subject intelligible to our readers.

Pasteur announced, nine years ago, as the result of his experiments, that Leibig's explanation of the action of yeast on sugar was entirely without scientific foundation.

According to Liebig, "a fermentable body is one which, by itself, or simply dissolved in water, does not undergo any decomposition, but when in contact with a putrescent body is resolved into new products or enters into fermentation. As fermentation is produced by the communication of motion from the atoms—not the molecules—of the putrescent body, to the atoms of the fermentable one, the process requires time; and the same is true of putrefaction itself. And as the ferment can only act so long as its atoms are in motion, so its power of exciting fermentation must cease as soon as its own decomposition is complete, and not before. Hence a given weight of ferment can only cause the fermentation of a limited quantity of sugar, or any other fermentable compound."

On the other hand, the views of Pasteur on fermentation are as follows:

"The chemical process of fermentation is essentially a phenomenon of life; it begins and ends with it; an alcoholic fermentation without simultaneous organization, growth, and development, that is, without continuous life, is impossible."

He regards fermentation as a chemical process accompanied by a physiological one; the duration of life of the ferment limits the splitting up of the atoms of sugar. Liebig says that there is nothing new in this view of the process. It was fully understood and explained by him in his chemical letters twenty years ago, and then, as now, he did not care to adopt it.

The action of ferments on fermentable bodies, says Liebig, is analogous to that of heat on organic substances. Their decomposition at high temperature is always the result of a change in the position of their atoms. Acetic acid is converted by heat into carbonic acid and acetone, just as sugar is split up by yeast into carbonic acid and alcohol; the carbonic acid resulting from the decomposition of the acetic acid contains two-thirds of the oxygen, and the acetone all of the hydrogen, in the same way as the carbonic acid of the fermentation of sugar includes two-thirds of the oxygen, while the alcohol contains all of the hydrogen.

The formation and increase of the yeast-plant is dependent upon the presence and absorption of nutritious matter that developes the living organism; but in the process of fermentation there is an action independent of, and outside of, any products that the living organism can assimilate. The vital operation and the chemical action are evidently two phenomena, that in their interpretation ought to be considered separately.

To the opinion of Pasteur that the decomposition of sugar in the process of fermentation rests upon the formation and growth of the cells of the yeast plant, is opposed the fact that yeast will produce fermentation in a pure solution of sugar; and as yeast consists in the main of a substance rich in nitrogen and sulphur, also containing considerable quantity of salts of phosphates, it is difficult to comprehend how, in the absence of both of these constituents in the sugar, the growth of the plant cells can be promoted; and it would be equally difficult to explain how the beer yeast exerts the same decomposing action upon numerous other bodies as upon sugar.

Liebig has carried on an extensive series of researches in order to determine the action of yeast upon a great variety of substances, and he also cites the labors of the best chemists of Europe to show that his views of the action of yeast and leaven to produce fermentation is founded upon scientific principles, while the explanation of Pasteur is wanting in every element of theory and fact.

It is so popular, not to say fashionable, to refer every vital action back to the formation of cells, and the building up of protoplasm, and to intimately connect life and matter together so as to gradually support the doctrine of spontaneous generation, that the publication of Liebig's great paper must be looked upon as a timely protest against the tendencies of the age. And it may serve as an intimation to younger men of science, anxious for fame, that the old methods of research are sufficient to furnish us with satisfactory explanations of the phenomena of nature without the necessity of having recourse to the supernatural or to the materialistic doctrines of the so-called protoplastic school.

The first part of Liebig's paper, which is all that has appeared, is devoted to fermentation; the second portion is to be occupied with the question of the origin of muscular force, and will be looked forward to by physiologists with great interest.

Reviews and Book Notices.

NOTES ON BOOKS.

The valuable essay by Dr. Isaac Taylor, on amputation of the cervix-uteri in certain forms of procidentia, and on complete eversion of the cervix, to which we referred in noticing the Bellevue Hospital Reports, a short time since, has been handsomely reprinted on large paper by the Appletons. Our thanks are due to the author for a copy.

The *College Courant*, New Haven, Conn., has commenced the publication of a series of pamphlets styled the "University series," in duodecimos of 36 and 48 pages. Price 25 cents each. There have been two published. No. 1, Prof. Huxley's Lecture on the Physical Basis of Life; No. 2, Prof. Parker on the Correlation of Vital and Physical Forces.

The *Michigan University Medical Journal*, Vol. I. No. I., March, 1870, is conducted by the faculty of the medical department of the University. It is a well printed monthly of sixty-four pages, and gives promise of being a welcome addition to our medical literature. The place of publication is Ann Arbor, Mich.

The graduating class of the Jefferson College have published the valedictory address delivered by Prof. J. Aitken Meigs. The speaker exhorted them to cultivate habits of careful reading and observation a custom of writing down, and of publishing to the profession important cases and discoveries, and also not to neglect collateral sciences. Dr. Meigs thinks that the medicine of the future is to be based upon "facts relating to the chemical circulation of matter, the conservation of energy, and the development of organic forms by natural selection." Here he serves us a *plat de son metier* as professor of physiology, and is at odds with the great school of experimentalists, headed by Niemeyer, and formerly by Trousseau, who dared to say "*je tiens à l'honneur d'être empirique.*"

The question of consanguineous marriage seems to have taken a fresh start lately. The President of the Eclectic Medical Society of the State of New York, Dr. Alexander Wildar, delivered his annual address on that topic. He considers consanguineous marriages not forbidden by physiological laws, while those between persons of different races are certainly injurious. If we had a higher respect for the "Eclectic" school, we would attach greater weight to the opinion (published by Trowe & Smith, Book Manufacturing Company, N. Y.)

Dr. W. W. Green, Professor of Surgery in the Medical School of Maine, send us a republication from the Boston *Medical and Surgical Journal* of his essay on the Reduction of Dislocations. The directions he gives are eminently minute and practical. The success of his treatment speaks for itself: "I have never failed," he says, "in a recent dislocation, to relieve the deformity without any aid except from counter-extension."

A republication of a review of one of Dr. Ruppaner's cases of laryngo-tracheotomy, published in the New York *Medical Journal*, by Dr. Lewis A. Layre, has been sent us. We sincerely regret that there was any occasion for this letter but justice compels us to say that the case in question was not reported by Dr. Ruppaner with that impersonal accuracy, and fidelity to detail, which science demands.

The *aima tomaton* is the learned and awkward name of a new cupping and punctuating apparatus invented by Dr. L. McKay, Rochester, New York, a descriptive pamphlet concerning which has been sent us. It is an enlargement of the idea of the "mechanical leech," figured in works on minor surgery. The inventor claims that the use of the instrument entails no pain, and leaves no scar. Those wishing the pamphlet can address the doctor as above.

Dr. Carl Reclam has written a series of popular lectures on physiology, for the educated classes, published by Mr. Steiger of New York, under the title *Der Leib des Menschen, dessen Bau und Leben.* It is well spoken of.

Dr. Wm. A. Love, of Albany, Georgia, is about to start a Medical Monthly "devoted to the interests of the practitioners of the cotton and sugar zone." It will have from 80 to 120 pages, 8vo., and will be supported by able and well known writers in the South.

BOOK NOTICES.

"How Crops Feed." A Treatise on the Atmosphere and the soil, as related to the nutrition of agricultural plants, with illustrations. By Professor SAMUEL W. JOHNSON, M. A., New York, Orange Judd & Co., 1 vol. 12mo. cloth pp. 375.

Prof. Johnson of Yale College is probably the most skillful agricultural chemist in this country, and whatever comes from his pen, may be considered as the latest and most reliable expression of scientific investigation. The present is a plain, practical treatise teeming with facts, and worth study by all intelligent cultivators.

Code of Health of the School of Salernum. Translated into English verse, with an introduction, notes and appendix. By John Ordronaux, LL. B., M. D. Philadelphia. J. B. Lippincott & Co. 1870. 4to. pp. 167.

An examination of the specimen sheets of this work sent us some weeks ago did not impress us favorably, so far as the editor's and publishers' labor went. We are glad to say, that a more critical perusal of the whole book leads us to form a much more favorable opinion of both. Some of the translations have been amended, among others, the one we quoted. The proof reading is still not what we could wish. There is a want of uniformity in accenting ablatives and adverbs; diphthongs are sometimes joined and sometimes separated; the punctuation is careless; and we have noted several errors in Latin orthography. These are trifles in an ordinary book, but are not so venial in an *edition de luxe.*

While we are obliged to make these objections to the form of the work, we desire to express our hearty approval of certain portions of it. The introduction is scholarly, and indicates a careful study of sources. The translation in many parts is vigorous, and is generally accurate. That is to say, it is as good as poetical translations often are.

The medical school at Salernum, we may say for those not acquainted with the ancient work, was in existence at least as early as 850, A. D., and probably much earlier. For centuries it enjoyed the reputation of being the centre of medical information in Europe. The tradition runs that when Robert, Duke of Normandy, was returning from the first crusade, he visited Salernum to obtain the advice of its celebrated surgeons. Before he left, they composed for his use a Latin poem, in rude verses, setting forth the laws of health, and the simple remedies for disease. This soon acquired a wide popularity, became the text-book of both the profession and the people, passed through many editions and translations, until modern science threw it back into obscurity.

It was translated once before into English verse, but that translation is now almost unknown. Dr. ORDRONAUX therefore has done a praiseworthy task in rendering it again in the vernacular, and accompanying it with the original text. The profession in this country are too apt to neglect the literature of the past, and they should encourage by liberal patronage, an attempt to revive its study.

Selling Diplomas.

The *Morning Post* of this city recently intimated plainly that the sale of diplomas was carried on by some of the irregular schools in this city through the medium of a "collegiate agent" named Hale, whose cards have been scattered freely over the country. Straightway said Hale, and two obscure "doctors" calling themselves Deans of medical colleges, hastened to write to the *Post*, dodging the charge, but boasting loudly of their own unspotted virtue. Hale, in his letter, intimates very strongly that the party engaged in these transactions is the Philadelphia University. Some correspondence in our possession looks strongly in the same direction.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 26, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

THE "MEDICAL EDUCATION" COMEDY.

The announcement is made that a "Convention of Medical Teachers" is to meet in Washington a few days before the annual meeting of the American Medical Association. This is another scene in the farce which is annually acted by the Association. Various professors in different schools unite and agree that medical education in this country must be reformed, and that promptly. They agree that a preliminary examination must be held; that three terms must be required; that a reasonable and uniform charge must be made; and other virtuous resolutions are advocated with great expenditure of breath and ink. The professors then receive from the Association the requisite amount of praise, and quietly go home, and *never make the slightest attempt to carry their proposed reforms into action.* Why? Because they are afraid their purse will suffer. "The clinking of the guinea helps the hurt that honor feels," and each is so much in terror lest an upright, consistent, energetic course in conformity with the resolutions adopted, will alienate some students, that not one adopts it.

Says the *Baltimore Medical Bulletin*, echoing the sentiments of every one who carries his reputation any nearer his heart than his breeches pocket:

"We are heartily tired of these conventions. The farce of legislating in regard to the subject of medical education, and then of practically repudiating all that has been solemnly agreed upon, has been acted too often already. The profession and the public have been humbugged quite long enough by the hypocritical cant in which these assemblies have so lavishly indulged.

"These facts teach important lessons. They show conclusively that the schools are not in earnest on this subject. They prove that medical teachers are not to be trusted as reformers when their interests are at stake. And they demonstrate the fallacy of relying upon this mode of legislation in order to secure that thoroughness of instruction, and that concert of action in this respect, which the best interests of the profession so imperatively demand."

This is one of the duties which the American Medical Association must perform, if it is going to be anything but the organ of some half dozen egotists—if it means to accomplish the work for which it was organized, and maintain a position deserving of respect. Let it form a chapter of Medical Colleges, the graduates of which alone will be entitled to rank as regular physicians, and let it be irre-

vocably fixed that those colleges only can be admitted to the chapter, which really and fully carry out the plan of education proposed; in other words, give their graduates a sound and thorough preparation to practice their profession.

The object could be accomplished in other ways, but this occurs to us as one simple and efficacious. The questions of *color* and *sex* should also arise and be discussed, if not settled, in this connection. The pusillanimous way in which the Association has hitherto dodged these questions which are of such immediate and practical moment, is no credit to it or its leaders. We earnestly urge those who visit Washington in May to see that these questions are brought forward and fairly stated. If there is any use in having the Association at all, it is that it may ventilate those questions which concern the relations of physicians to each other and the public, and settle, as far as may be, questions of such character as they arise.

Notes and Comments.

Wanted.

Braithwaite's Retrospect unbound for 1862—1869, inclusive. Address, giving price, this office.

The Auxiliary Faculty of Medicine of the University of Penna.

The fifth course of lectures will begin on Monday, 28th inst. The introductory lecture will be delivered by Prof. HENRY HARTSHORNE, at the Hall of the University, at 5 o'clock P. M.

Sixth Annual Re-Union of the O. Æ. Society.

Few societies under more auspicious circumstances, or more worthy of congratulation, could have assembled than the brilliant audience that greeted the O. Æ. Society, of Bellevue Hospital Medical College, on the evening of the 23d of last month, on the occasion of its Sixth Anniversary; and the audience was well repaid for coming. Graffula's band, with its soul-stirring strains, speaks for itself. The programme was good, and all of it was carried out amidst shouts of laughter and rounds of applause, with the exception of Prof. Woods' toast to the College, he being unfortunately detained. But Dr. Doremus, always obliging and instructive, entertained the audience in his stead, and exhibited to a Medical class, for the first time in this country, "laughing gas" (protoxide of nitrogen) *solidified*; and by the intense cold thereby produced, freezing eggs, mercury, etc., etc.

The following officers were elected at the last annual meeting:

President—Edward C. Harwood, M. D., re-elected.

Vice President—Thomas H. Bailey.

Secretary—T. Herring Burchard, A. B.

Treasurer—E. C. Bruce.

Library Committee—Profs. Doremus and Flint, Jr., from the Faculty, Drs. Harwood and Leo, and Messrs. Taylor, Burchard, Kinkead and Bates.

The following gentlemen were elected honorary members: S. W. BUTLER, M. D., of Philadelphia, and Prof. HERMAN KNAPP, M. D., of New York.

The Iowa State Medical Society.

It is proper to say that the actions of this Society published in part in the present number of the REPORTER, so far as they relate to the Medical Department of the Iowa State University, were endorsed by a small majority only, and are said by several of our correspondents, in whose opinions we have great confidence, not to express the sentiments of a large proportion of the practitioners of the State, A question involving the title to considerable property, is we believe, connected with the dispute between the Keokuk School and the University. While we are anxious to do full justice in the question, it is one of too exclusively local interest to admit extended discussion in our pages. We are always in favor of making medical schools, departments of universities, when that is practicable, and we hope ultimately the medical educational interests of Iowa will centre in Des Moines. But we do not approve of the low rate of fees at present adopted by the University party, nor the extraordinary assertion made in their circular that small hospitals are more instructive than large ones! Moreover, whose fault was it but their own, if, representing the sentiments of the majority, they cared so little for their interests as to allow themselves to be outnumbered at the meeting of the State Society? Let some amicable arrangement be made between these schools, on the basis of a thorough education, and adequate remuneration to instructors.

——Dr. NÉLATON, now Senator NÉLATON, is criticised for his lack of "dignity" in writing a letter to the Paris "Figaro," animadverting on modern surgical practice.

NEWS AND MISCELLANY.

American Medical Association.

In compliance with a resolution of the National Convention for revising the Pharmacopœia, directing that the names of the delegates announced to the President of the Convention as having been appointed to attend the Convention, to meet on the

first Wednesday of May next at Washington, be made public in the newspapers and medical journals in March, the following names of Delegates are now published, with the date at which their appointment was made known to the President; priority being given to the delegates in the order of their announcement:

May 27, 1869.—St. Louis Medical College—A. Litton, M. D.; J. S. B. Alleyne, M. D.

June 6, 1869.—Maryland College of Pharmacy—Wm. G. Thompson, J. Faris Moore, Louis Dohme.

June 6, 1869.—Missouri Medical College—Chas. O. Curtman, M. D.

June 25, 1869.—St. Louis College of Pharmacy—O. F. Potter, M. D.; Hubert Primm, Eugene L. Marsot.

June 25, 1869.—Chicago College of Pharmacy—Albert E. Ebert, Henry Biroth, C. Lewis Diehle. Alternates—James W. Mill, F. Mable, M. D.; Louis Strehl.

August 9, 1869.—Jefferson Medical College—Jno. B. Biddle, M. D.; B. Howard Rand, M. D.

December 9, 1869.—Medical Society of District of Columbia—Thos. Antisell, M. D.; C. H. Liebermann, M. D.; B. F. Craig, M. D.

January 11, 1870.—Medical College of Virginia—J. S. Wellford, M. D.; R. S. J. Peebles, M. D.

January 20, 1870.— Massachusetts College of Pharmacy—Geo. F. H. Markoe, Thos. Dolliber.

Febuary 1, 1870.—Medical society of the State of New York—Caleb Green, M. D.; Wm. Manlius Smith, M. D.; Edward R. Squibb, M. D.

February 3, 1870.—College of Physicians of Philadelphia—Geo. B. Wood, M. D.; Robert Bridges, M. D.; H. C. Wood, M. D.

February 15, 1870.—College of Pharmacy of city of New York—Wm. Hegeman, Wm. Neirgard, P. W. Bedford. Alternates—Theobold Trohmein, Augustus H. Wismann, Geo. C Close.

February 16, 1870.—National Medical College, (Medical Department of Columbia College Washington)—George W. Dore, M. D.; John C. Riley, M. D.

March 10, 1870.—University of Pennsylvania, (Medical Department)—Jos. E. Carson, M. D.; Robt. E. Rogers, M. D.

March 18, 1870.—Philadelphia College of Pharmary—Wm Proctor, Jr., John M. Maisch, Alfred B. Taylor.

The following letter has been received by the President offering the use of the Halls for the meeting and subsequent sittings of the convention.

1407 New York Avenue,
Washington, D. C., Feb. 16, 1870.

PROF. GEO. B. WOOD, M. D.

DEAR DOCTOR—It affords me pleasure to inform you, that at a recent meeting of the Faculty of the National Medical College, (Medical Department of Columbia College Washington) the following resolutions were unanimously adopted:

Resolved, That the Dean be instructed to tender to Prof. Geo. B. Wood, the President of the convention, to revise the Pharmacopœia, held in 1860, the College buildings for the meeting to be held in May 1870, and to make the necessary arrangements therefor.

The building is centrally situated, in the vicinity of the principal hotels and is well suited for the purpose. Respectfully your obedient servant,

JOHN C. RILEY,
Dean of Faculty of National College.

Medical College Commencement.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

The annual commencement of the University of Pennsylvania (medical department) took place Feb. 11, at noon, at the Academy of Music. The large edifice was crowded, and the choice music from Hassler's Orchestra had the effect of making the occasion one not soon to be forgotten by the participants.

Shortly after twelve the procession entered the Academy, the dean and the professors appearing in their black silk gowns and caps, and took seats upon the stage. The orchestra performed the "University March," which was dedicated by Mr. Hassler to the graduating class. A fervent prayer was then offered by Rev. Dr. Beadle, after which Charles J. Stillé, LL. D., provost, conferred the degree of Doctor of Medicine upon the following graduates:

Armstrong, J. A., Pa.
Ashenfelter, W. J., Pa.
Ashton, I. H., Pa.
Betts, T. S., N. Y.
Bickel, A. S., Pa.
Bilderback, F., N. J.
Birnie, C., Md.
Boyd, J. O., Pa.
Boyd. J. C., Pa.
Bracking, T. G., Miss.
Bray, Daniel, Pa.
Bronolinger, J. C., Pa.
Brown, A. C., N. J.
Brown, J. W., Pa.
Buckley, C., N. Y.
Cassaday, C. E., Va.
Church, R. R., Pa.
Clancey, D. W., Ohio,
Cook, C. N., Pa.
Cox, W. C., Pa.
Crouse, E. A., Pa.
Dare, C. H., N. J.
DeVebery, L. G., N. B.
Dibrell, Jr., J. A., Ark.
Ealy, A. E., Pa.
Evans, E. L., Pa.
Evans, J. S., N. J.
Feld, J., Prussia.
Fraser, D. A., Nova Scotia.
Gallagher, John S., Pa.
Garloch, F. R., N. Y.
Gerhard, Geo. S., Pa.
Griffith, James F., N. C.
Grove, Eugene A., Pa.
Guidin, Benj. C., Pa.
Gump, Simon H., Pa.
Hale, Geo., Jr., N. J.
Hall, John H., Missouri.
Hammet, J. D., Missouri.
Hand, Harry C., N. J.
Harris, Chas. M., Pa.
Harris, Wm., Maryland.
Harshberger, Alex. S., Pa.
Hazlett, Isaac C., Pa.
Heaton, Townsend, Mich.
Henry, John G., Pa.
Henszey, Samuel C., Jr., Delaware.
Hepburn, Edward A., Pa.
Herman, Roswell F., Pa.
Hess, Geo. A., N. Y.
Heyl, Albert G., Pa.
Holt, Wyatt L., Tenn.
Hutt, Wm. H., Pa.
Jameson, Edward W., Pa.
Johns, Jos. N., Del.
Johnson, Wm. G., N. C.
Kennedy, John M., Tenn.
Killebrew, Chas. L., N. C.
Kinear, Beverly O., New Brunswick.
Kistler, Edwin H. Pa.
Lank, John Liston, Pa.
Leyda, James Harvey, Pa.
McAllister, W. F., Kansas,
McCabe, Arthur, J., Del.
McCoy, Alex. W., Ohio.
McGill, John Dale, N. J.
McKean, John A., Pa.
McKinney, R. A., Texas,
McKinstry, Howard L., Pa.
Maine, Alvan P., N. Y.
Marshal, Joseph C., N. J.
Meeser, George F., Pa.
Meriwether, Geo. D., Va.
Merklein, Charles H., Pa.
Michel, Robert B., Ohio,
Miller, Nathaniel C., Pa.
Miller, Simon, Pa.
Milligan, James, E., Pa.
Morgan, Randal W., N. J.
Moore, Jacob H. B., Pa.
Myers, Samuel N., Pa.
Nunn, Wm. R., Texas.
Pettingill, John B., Pa.
Reber, Lyman S., Pa.
Renninger, Ab. C., Pa.
Rentz, Ermin B., Pa.
Richardson, A. S., Pa.
Risley, Samuel D., Iowa.
Ristine, Chas. E., Tenn.
Rooke, W. Morris, Pa.
Schlatter, C. L., Jr., Ga.
Shaffner, Chas., Pa.
Shoemaker, Benj., Pa.
Shorter, E. Semmes, Ga.
Simes, J. H. C., Pa.
Smith, Jas. Dennis, N. J.
Smith, Jas. Madison, Pa.
Somerville, Henry C., Va.
Spencer, Ezra R., Jr., O.
Stevens, Saml. E., Vt.
Stewart, Reuel, N. J.
Thompson, B. C., Texas.
Turner, Chas. M. (MD), Pa.
Van Houten, Isaac W., Pa.
Warren, Jos., Texas.
West, Thos. H., West Va.
Whitbeck, J. F. W., N. Y.
Wiley, David, N. J.
Willard, Lyman M., Pa.
Wilson, Louis D., W. Va.
Worrall, Theo. A., Md.
Young, Alfred A., Miss.

Of the foregoing there were from Arkansas, 1, Delaware, 3; Georgia, 2; Iowa, 1; Kansas, 1; Maryland, 3; Massachusetts, 1; Michigan, 1; Mississippi, 2; Missouri, 2; New Brunswick, 2; New Jersey, 12; New York, 6; North Carolina, 3; Nova Scotia, 1; Ohio, 4; Pennsylvania, 54; Prussia, 1; Tennessee, 3; Texas, 4; Vermont, 1; Virginia, 3; West Virginia, 2. Total medical graduates, 113.

The honorary degree of Doctor of Laws was conferred upon Hon. John Cadwalader, Hon. James R. Ludlow, Hon. Joseph Allison, and Hon. F. Carroll Brewster.

At the public commencement held January 24, 1869, the degree of Doctor of Medicine was conferred upon Oscar S. Roberts, of Massachusetts.

Prof. Joseph Leidy, M. D., delivered the valedictory address, in which he took occasion to clearly set forth the duties of the physician, and laid down the rule that should govern the graduates in pursuing their profession. The address was attentively listened to, and his hearers appeared to fully appreciate the advice so kindly proffered. The exercises were brought to a close by the performance of a choice piece of music.

JEFFERSON MEDICAL COLLEGE.

The annual commencement of the Jefferson Medical College took place on Saturday, the 12th, at the Academy of Music. The house was filled with ladies and gentlemen. The full Germania Orchestra furnished the music. After prayer by the Rev. John Chambers, degrees were conferred upon the following named candidates by the Hon. Edward King, L. L. D.

From Pennsylvania—John V. Albert, W. L. Atlee, Robert H. Barnes, Henry C. Bartleson, S. L. Blackly, John J. Bowen, M. B. Breneman, J. J. Brown, W. S. Bruckart, Wilson Buckby, Thos. H. Butterfield, Chas. Campbell, A. V. Chessrown, John B. Davis, Thomas D. Davis, Moses H. Detwiler, Frank P. Dundore, A. K. Eberly, Isaac L. Edwards, Emory Eshelman, A. N. Fegley, Herman Fritsch, R. J. Fritzinger, Matthew B. Gant, Jacob M. Gemmill, D. M. Graham, Hugh Hanna, D. A. Hengst, R. S. Hittell, Charles I. Hoffman, Ellwood E. Hopkins, Walter Huebener, A. M., W. G. Hunter, H. C. James, George B. Jarrett, Henry D. Keller, Wm. H. King, John A. Kreitzer, Henry G. Landis, Wm. McAlerney, A. W. A. McCandless, Samuel L. McCarthy, George McClellan, M. M. McColly, R. E. McIlwaine, E. P. McLean, J. E. Miller, J. K. Miller, John P. Miller, A. K. Minich, E. N. Mosser, G. W. Moss, F. M. Musser, George W. Neff, Jr., Benj. R. Parke, John P. Patterson, Edward H. Plank, Cyrus S. Poley, Joel G. Ressler, S. R. Rutledge, William F. Schmoele, Franklin Schriver, John G. Scott, Edgar N. Senseny, A. W. Shultz, D. S. Smart, A. M. Smith, R. V. Spackman, J. W. Trabert, Albert Trenchard, J. T. Ullom, F. H. Van Vulzah, Howard Wells, T. H. White, Addison G. Wick and G. P. Zimmerman.

New Jersey—B. T. Abbott, John H. Griffith, W. H. Izard, M. W. Reeves, Mark L. Smith, John E. Spencer, George R. Robbins, Jr.

Tennessee—Joseph A. Crook, Charles P. Levy James D. McGaughy, G. T. Russell.

Mississippi—A. C. Halbert, M. D. Jones, John E. Noble, William H. Parrish, D. J. Zuber.

Kentucky—John W. Crenshaw, J. W. Ellis, Jos. H. Hamner, Joseph Hopson, James Powell, J. R. Taylor, T. J. Turpin, Jr., M. D., James K. Walker.

Indiana—Posey Collings, C. S. Frink, M. D., Will. Gosten McFadden, Samuel M. Voorheis, and John D. Van Nuys.

Illinois—Morris Hale, M. D., Henry W. Kendall, M. D., Thomas I. McCarty, J. G. Stokes and J. B. Taxis.

Missouri—John M. Huffman, Robert E. Smith, James Thompson and Lemuel Watson.

Georgia—M. Franklin, Henry G. Henderson, George F. Johnson and John W. Vinson.

Virginia—J. H. Gaines, John R. Mitchell, G. McDonald, M. D.

West Virginia—M. F. Hullihen and John B. Snodgrass.

South Carolina—S. H. Dickson, Jr., W. C. M. Irby.

North Carolina—Arthur F. Belo.

Maryland—Joseph Lort and Samuel Johnston.

Ohio—Z. T. Dellenbaugh, L. L. Leggett and Samuel F. Sharp.

Michigan—B. B. Briggs, James E. Ferguson.

Texas—Thomas M. Attanay, Robert E. Jones.

Kansas—C. B. Kennedy, A. F. Neely.

Alabama—John W. Barclay, Geo. A. Hill, S. W. Taylor.

Canada—Clarence E. Black, William H. Howitt.

Vermont—G. W. Clark, G. J. Donaldson, Elon G. Prime.

New York—E. C. Brayton, E. H. Hickey, George A. Lockwood, Frank H. Smith.

Connecticut—Frank E. Beckwith.

Idaho—J. M. Betts.

Minnesota—Joseph M. Gates.

Delaware—E. W. W. Marsh.

Massachusetts—Hamilton Osgood.

Cuba—Pedro F. Oxamendi.

Arkansas—Samuel H. Parker.

Florida—Joseph Y, Porter.

Mexico—Miguel Trevino.

California George A. White.

No State given—F. S. Wilson.

The valedictory was delivered by Prof. Jas. Aitken Meigs, M. D.

The class, during the session, numbered 435, larger than any other in this country, or perhaps in Europe.

University of Pennsylvania.

AN ALUMNI ASSOCIATION FOR THE MEDICAL DEPARTMENT.

The graduates of the Medical Department of the University of Pennsylvania held a meeting in the Hall of the University, March 11th, for the purpose of forming an Alumni Association.

The meeting was well attended, and was called to order by electing Dr. Joseph Carson as chairman.

On motion of Professor Rogers, Dr. Edward Hartshorne was elected secretary.

The Chairman called upon Dr. Tyson to read the programme or proposed constitution to be submitted.

This was read, as follows:

CONSTITUTION.

The object of this Association shall be to sustain and advance the interests and the influence of the Medical Department of the University of Pennsylvania, as well as to elevate the standard of medical education, and to promote feelings of brotherhood and amity among the graduates.

ARTICLE I.—The name of this Association shall be "The Society of the Alumni of the Medical Department of the University of Pennsylvania.

ART. II—*Sec.* 1. The officers of the Society shall be a President, four Vice Presidents, a Corresponding Secretary, a Recording Secretary, a Treasurer, and an Executive Committee.

Sec. 2. The President, or, in his absence, one of the Vice Presidents, in the order of seniority, shall preside at all meetings of the Society, and decide all questions of order.

Sec 3. It shall be the duty of the Corresponding Secretary to answer all letters addressed to the Society, and open and maintain such correspondence as may tend to advance its interests, and to keep a record thereof, subject to the directions of the Society.

Sec. 6. The Executive Committee shall be composed of twenty members, of whom four shall be graduates of at least ten years' standing, and one from each of the three last graduating classes, whose duty it shall be to execute all measures which may be confided to them by the Society.

Sec. 7. The officers shall be *ex-officio* members of the Executive Committee.

ART. III—*Sec.* 1. The first election of officers shall be held immediately after the adoption of this Constitution, and subsequent elections shall be held at the annual meeting, hereafter provided for.

The remainder of the Constitution provides that the members shall be graduates of the Medical Department of the University of Pennsylvania, and that the annual meeting be held on the anniversary day.

After the adoption of the Constitution, the following officers were elected for the ensuing year, and the meeting adjourned:

President.—Professor George B. Wood.

Vice Presidents.—Professor Joseph Carson, Professor Dickson (of Jefferson College) Dr. Edward Hartshorne, and Dr. Casper Morris.

Corresponding Secretary.—Dr. Tyson.

Recording Secretary.—Dr. Oliver.

Treasurer.—Dr. Rogers.

Executive Committee.—Drs. Cooper, Hayes Agnew, Hiram Corson, Edward Gross, Murray Cheston, Charles D. Nancrede, Charles Schaffner, Wm. Pepper, J. H. Packard, William Maybury, Horace Williams, Harrison Allen, H. Lennox Hodge, C. T. Hunter, Lewis D. Harlow, William Hunt.

WOMAN'S MEDICAL COLLEGE.

The eighteenth commencement of this institution was held at the Musical Fund Hall. Carl Sentz's Orchestra performed a number of choice pieces of music. After prayer by Bishop Simpson, the Degree of Doctor of Medicine was conferred by the President, T. Morris Perot, Esq., upon the following named ladies:

Pennsylvania—Hannah T. Croasdale, Anna Lukens and Eliza J. Wood.

New York—Sarah A. Hibbard, Phebe A. Oliver, Jean S. Stevenson and Melissa M. Webster.

Indiana—Sarah C. Hale and Martha E. Hutchings.

Ohio—Julia W. Carpenter and Mary T. Seelye.

Illinois—Jennie G. Brown.

Minnesota—Sibelia T. Baker.

Missouri—Jennie L. Hildebrand.

The valedictory address to the graduates was delivered by Ann Preston, M. D., Professor of Physiology and Hygiene.

The catalogue of students for the session of 1870–'71 embraces the names of fifty ladies.

Sharp Practice.

David Phillips, of Wood county, Ohio, having been acquitted of the murder of Charles Lundy, on a plea of insanity, a year ago, secured his lawyers by giving them a mortgage on his farm. He repudiates the mortgage now, as he was insane when he made it, according to the showing of these same lawyers!

—— The rear building of the New York State Inebriate Asylum caught fire March 4th, and was entirely destroyed at Binghampton. The burned part included the dining-room, kitchen and laundry, and fifteen or twenty patients' rooms, gymnasium, etc. The loss is estimated at $75,000; insured for $25,000. The main building is still standing, and the patients provided for. The management will continue operations, and in a few days patients were received as usual.

—— At the recent annual meeting of the Rutland county, Vermont, Temperance Society, Dr. L. Sheldon, of West Rutland, was chosen President. We are always glad to find the members of our profession taking an interest in the cause of temperance.

——Elizabeth Garrett, the distinguished female physician of London, is at odds with nearly all her sex on the subject of the Contagious Disease Acts, which are now causing so much agitation in England, and which the joint protest of nearly all the distinguished and philanthropic women of England is likely to defeat. Elizabeth Garrett, like most members of the medical profession, argues strongly in favor of the extension of the system of compulsory inspection.

——The Pennsylvania College of Veterinary Surgeons held their annual meeting on Tuesday, March 8th, Dr. McCoart in the Chair. The following officers were elected for the ensuing year. James McCoart, President; J. J. Corbyn, Vice-President, R. Koldewey, Recording Secretary; James Marshall, Corresponding Secretary; R. Jennings, Treasurer.

——All the four physicians implicated in the case of the Welch Fasting Girl have been summoned before a bench of Magistrates. The child's father has already been committed for trial, and the mother is also to be examined.

——The Swedish Government is going to establish a Medical College at Gothenburg, where ladies of the age of seventeen and upward may go through a complete course of study, lasting three years, and including clinical and anatomical lectures. The diploma obtainable in consequence will give them the right to establish themselves as physicians in any part of the kingdom.

——Dr. C. L. Ives and Dr. A. S. Munson have given $1000 each to the funds of the Yale Medical College.

——Dr. Greenleaf C. Clough, of Greenland, N. H., a few days since, paid the sum of $1000 for malpractice in setting a leg.

——A colored woman, known as Aunt Jennie, died in Nashville, March 14th, at the advanced age of 110 years.

OBITUARY.

DR. JAMES SWAIM.

The decease of this well-known Philadelphian occurred in Paris on March 13th. He was about sixty years of age, was the son of Dr. William Swaim, and was born in New York city. He was educated at the University of Pennsylvania, and after attending lectures at that institution, continued his medical studies in London and Paris. Dr. James Swaim, we believe never engaged in the active practice of medicine, but, enjoying the advantages of a liberal income, devoted his time to the study of science, extending his researches in every direction. The discoveries of the last forty years, on their first announcement, at once attracted his attention, and his investigations were pursued with zeal and activity, and generally resulted in a valuable addition to the sum of human knowledge. The more prominent of these researches were in reference to the Spectrum Analysis to photography, electro-magnetic telegraphy, semaphoric telegraphy and military signals. On the latter subject he published a volume giving a system and code of military signals which were adopted by several foreign governments. Dr. Swaim was for many years a resident in Paris, at different intervals, and for the last five years had been residing in that city. On returning to the United States, in 1861, he brought with him two Prussian rifled cannon, and presented them to the city of Philadelphia, for which, on October 18th, of that year, he received the unanimous thanks of Councils, in a formal resolution. He remained in this country until the rebellion had been suppressed, and was actively engaged in the scientific work of the Sanitary Commission. At the close of the war he returned to Paris, as the most suitable place to pursue his investigations. Dr. Swaim was a man of amiable character, modest and retiring disposition, and of extensive acquirements.

He was the owner of the building in which the MEDICAL AND SURGICAL REPORTER has its publication office.

MARRIED.

GRANT—TORREY.—Feb. 7th, at the British Consulate, Cairo, and afterwards at the American Mission Chapel, by the Rev. J. Barnet, D. D., James Andrew Sandilands Grant, A. M., M. D., Chevalier of the Imperial Order of the Medjidieh, Egyptian Government Medical Service, and Resident Physician, Cairo, and Ada Northrop, second daughter of the Hon. John Torrey, Honesdale, Wayne county, Pa., U. S. America.

READ—MINER.—Feb. 22d, by the Rev. B. C. Crichtlow, at the house of the bride's parents in New Brighton, Pa., George Read, M. D., of California, and Miss Henrietta, daughter of John Miner, Esq.

DIED.

BAKER.—On the 16th inst., at Chatham, N. J., Daniel Baker, M. D., formerly of New York.

BEAUMONT.—At New Hope, Pa., on the 14th inst., George H. Beaumont, M. D., in the 52d year of his age.

DOCKHAM.—In Boston, Mass., of disease of the heart, and peritonitis, Feb. 13, Mrs. Roxana Dockham, wife of Dr. H. O. Dockham, of Stafford, Vt., aged 33 years.

FRANKLIN.—In this city, on the 11th inst., Edward, son of Dr. George P. and Annie A. Franklin, in the 3d year of his age.

JEWETT.—At Dayton, Ohio, Thursday morning, March 10th, Sophronia, daughter of Dr. H. Jewett.

KEMP.—March 4th, 1870, at his residence on Walnut Ridge, Washington county, Indiana, of consumption, Ezra L. Kemp, M. D., in the 48th year of his age.

LOOMIS.—At Stamford, Conn., on the 13th inst., Mrs. Esther Lincoln Loomis, wife of Dr. L. C. Loomis.

LOSEY.—At his residence in Honesdale, Pa., on Wednesday, March 9th, 1870, Dr. E. T. Losey, aged seventy-three years.

MASSER.—Dr. George W. Masser, a physician of Scranton, Penna., died recently of apoplexy, aged 51.

SMITH.—In Pittsburgh, March 4th, Mrs. Eliza S., wife of Dr. Samuel Smith in the sixty-seventh year of her age.

WEBSTER.—At his residence in New York, March 14th, George W. Webster, M. D., of pneumonia, in the 46th year of his age.

METEOROLOGY.

MAR.	7,	8,	9,	10,	11,	12,	13,
Wind.....	N. W.	N. W.	N. W.	N. W.	N. W.	N. E.	N. E.
Weather.	Cl'dy Snow	Clear	Clear	Clear	Clear	Cl'dy Rain.	Cl'dy Rain.
DepthRain	2-10						1½
Thermom....							
Minimum..	28°	22°	20°	24°	27°	29°	31°
At 8, A M.	32	29	28	35	31	32	34
At 12, M...	38	35	34	44	37	33	34
At 3, P. M.	37	34.	36.	45.	36.	31.	35
Mean.....	33.75	35.	29.50	37.	32.75	31.25	33.50
Barometer..							
At 12, M...	29.9	30.01	30.2	30.02	30.02	30.00	29.3

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

MAMMARY ABSCESS.

By H. C. Stewart, M. D.

Of Jacksonville, Illinois.

The attention of the medical profession was called to "Iodine as a preventive of Mammary Abscess," by a communication published in the *Medical Examiner*, for May 1853.

I had previously used it with entire satisfaction, and in order to give it a larger field than my opportunities at that time afforded, suggested its use to the late Professors John Wiltbank and Henry S. Patterson, at whose request the article for the *Examiner* was prepared.

Much has been said and written upon the causes of mammary abscess, but they all resolve themselves into an obstruction to the flow and escape of the milk, inflammation; and suppuration, being the result. To say that cold causes mammary abscess is to use a vague term, but a convenient scape-goat for ignorance and neglect. A majority of sore breasts occur in young women after their first confinement, who lack patience and experience in nursing a child; sometimes from keeping the child too long from the breast after delivery, or the child may refuse altogether to take it; or may be unable to do so from badly formed nipples; or, there may be a profuse secretion of milk, and the excess become the exciting cause of the inflammation. Fissured nipples lead to the same result, the child either refuses to take the sore nipple, or the mother cannot endure the pain it produces, and the breast is neglected.

The *cure* of mammary abscess is tedious, painful, and uncertain. Its *prevention* is easy, not unpleasant, and more than tolerably certain. To make it altogether so, abscess should always be *anticipated*, especially in first confinements. Before the child is put to the breast, examine the nipple as to size and shape, and the condition of the breasts. If the nipple is too short for the child to hold well, draw it out with a glass or pump of suitable kind, then before the child is applied wash the nipple off, and wet it with sweetened milk, so that the first taste will be agreeable. See to it that nothing prevents the child from being applied alike to both breasts, and as often as necessary. If the child nurses vigorously, the nipples will soon be complained of, and trouble begin. After a thorough trial, I have found sub. nit. of bismuth the best application to sore nipples in any stage. Apply it freely at the first intimation of a crack in the nipple, just after the child has nursed. It will not hurt the child, and need not be wiped off.

It is safer to examine the breasts, than to take the word of either mother or nurse, as to their condition; if a hard "cake" or tenderness on pressure is found, an abscess is forming. As soon as its probable location is discovered, apply to it the compound iodine ointment of the U. S. Dispensatory with the addition of forty (40) grs. of powdered camphor to each oz.; spread this ointment on a cloth and apply over the indurated portion of the breast, and cover with another cloth well saturated with tincture of camphor. The ointment should not be strong enough at first to affect the cuticle, which in some ladies is very sensitive; continue to nurse that breast, and *re*-apply the dressings as fast as they get dry. There is generally a chill, followed by considerable fever, which should be promptly checked. For this purpose I have found gelseminine reliable, in 1-16 to ⅛ gr. granule every hour until it produces its effects; and where the symptoms demand it, the same quantity of alcoholic ext. of aconite. In com-

bination gelseminine relieves the early symptoms of any fever peculiar to the puerperal state. It controls the secretion of milk, equalizes the circulation, and prevents local inflammation. The treatment of mammary abscess must be such as will soonest result in a discharge of the pus. Warm poultices and the knife will do this, but will not always cure the case. The incision may close too soon, or may not be at the right place to allow all the matter to escape; frequently the whole gland becomes involved, and one abscess after another occurs, apparently without a remedy. In these cases iodine will be found useful in preventing a second abscess. The whole gland should be enveloped in iodine ointment, except immediately over the part undergoing suppuration. To *that* portion the poultice should be limited until the abscess is ready for the knife. The iodine relieves the painful tension, by cutting off the supply of milk, and the material from which to make a future abscess; thus, by restricting the amount of suppuration, and affording escape at the proper time and place, we save much suffering, and secure the breast for future use. Diet carefully; keep the pulse down; the bowels open; apply the ointment freely; keep the nipple from getting sore; and the incision from closing too soon.

GOITRE AND EXOPHTHALMIA IN CONNECTION WITH DISEASE OF THE HEART.

By F. K. Bailey, M. D.,
Of Knoxville, Tenn.

I was called, May 18th, 1868, 6 P. M., to visit Mrs. R., aged 46, mother of four children, one of them now living, and of adult age. A son, 21 years old, died in 1866. Native of Wales, but lived some years in England, and afterwards went to the south of France, near the Pyrenees. About 1850, began to have palpitation of the heart, and pain in the left side of the chest, which have continued unceasingly till the present time. Found her unable to lie down; dyspnœa distressing, countenance anxious; face pale and thin; pulse very rapid and intermittent; respiration very rapid; impulse of the heart's action much increased; area of dullness in cardiac region considerably extended. The tumultuous beating of the heart, with rapid and sonorous breathing, rendered it difficult to determine with any exactness the morbid sounds. The urine was scanty, and the feet and limbs swollen. Diagnosis: Hypertrophy with dilatation, and diseased mitral valves.

The right thyroid gland was enormously enlarged, and about the size and shape of a coffee-cup. The tumor pulsated at every beat of the heart, and the heart sounds were audible through the upper part of the right side of the chest.

The eye-balls also protruded, and seemed to stand out from the orbits. The case, in all its features, seemed one of unusual severity.

There was obstinate constipation, and flatulence, added to the chest troubles, causing much distress.

I prescribed iod. potassii with iron and sul. quinine, as a constitutional remedy, with spts. etheris compos. valerian, ammonia, and other diffusible stimuli, to relieve dyspnœa. Laxatives and diuretics completed the list of remedies administered.

During the summer all the symptoms continued unabated, and the strength slowly failed. She was compelled to sit upright most of the time, and, in the hottest weather, suffered most intensely. No abatement was perceived as the weather became cooler in autumn, and sometime in October she died. I was out of the city when she died, and no post mortem examination was made.

Case 2d.—Mary N., aged 12, unmixed African. August 23d, 1869, 5 P. M., was called to see her, and found her half reclining upon her bed, laboring from terrible dyspnœa.

Her mother stated that she had suffered much from rheumatism for some years. Complaining of pain in the left side of the chest; respiration very rapid, and the pulse 120; tongue covered with a thick white coat to the very tip; lameness in the left side of the neck along the course of the sterno-cleido-mastoideus muscle, and also in the right knee joint.

The left side of the chest fuller than the right. Palpation showed tumultuous action of the heart. The clothing trembled at every pulsation.

Percussion showed extended dullness, especially to the left side. Auscultation showed loud regurgitant murmurs at the base of the heart, and extending upward toward the left clavicle—both sounds nearly superseded by the murmur, but more especially the second. The "new leather" creak very distinctly heard at the base of the heart. Diagnosis—hypertrophy of the left ventricle; disease of the aortic valve, with attrition of serous sur-

faces, both cardiac and pleural. I never before heard so loud aortic murmurs.

The urine was very scanty, but little having been voided for several hours. Constipation and great thirst. Great heat of surface, intensified by a thermometrical showing of 96° or more, in a locality under the hill near the river. The eyeballs protruded very much, and particularly the left, which looked like a "peeled onion,"

The rapid breathing, distressing dyspnœa, and the bulging eyeballs, superadded to the strongly marked African phiz, gave an expression of hideousness well defined.

Prescribed:

℞. Spts. Æth. nit. f.℥j.
Syr. scillæ, f.℥ss.
Tr. digitalis, ℥ij. M.

Sig.—Teaspoonful every four hours.

Calomel ten grs., and pulv. doveri, grs. v., followed with castor oil in five hours.

24th.—Found no abatement of symptoms; cathartic has had no effect; no urine passed as yet. To continue diuretic mixture.

25th.—Some better; bowels open, and urine has passed freely; less cardiac commotion, but no change in the murmur; lameness in the neck more severe. To continue diuretic, with pulv. doveri at night.

27th.—Much the same; murmur at base of the heart still very distinct; pulsation attended with a blowing sound, over the right clavicle. Pulse softer, but still frequent; tongue cleaning; urine free, but very red; can sit up some in a chair. Prescribed as follows:

℞. Potassii iodidi, ℥j.
Syr. scillæ, f.℥jss. M.

Sig.—One-half teaspoonful every three hours.
Pulv. Doveri at night.

30th.—Patient able to walk about the house. The diastolic sound more distinguishable, but the murmur is still heard at the base, and along the carotids, particularly the right. Impulse rather increased since last report. Dullness at the lower part of the cardiac region, and the sounds rather indistinct, or muffled. Suspect effusion, so continue the last mixture.

31.—Condition unchanged.

Sept. 1st.—Functions becoming more normal in their action. Impulse still very strong, and murmur distinct. Pulse 104. To continue mixture.

Nov. 13th.—Saw the girl in the street. Calling her to my office found the circulation still rapid, and the murmur very distinct. The left eye-ball still protrusive. I can crowd it back to the orbit with no pain.

Aitken, under Goitre, page 858, 5th edition, speaks of a form as "Exophthalmic goitre, defined as enlargement, with vascular turgescence of the thyroid gland, accompanied by protrusion of the eye-balls, anæmia, and palpitation." "It is," he says, "sometimes associated with heart disease."

Erichsen, in his work on surgery, under Bronchocele, says, "there is a remarkable connection between tumors of this kind and a general anæmic condition of the system." "That in London nothing is more common than to find a certain degree of bronchocele in pale and bloodless women and girls." Mr. W. Cooper has pointed out the fact that great prominence of the eye-balls is frequently associated with these conditions.

Prof. Da Costa, in his work on Diagnosis, alludes to these phenomena, and says, Graves was the first to call attention to them; also, that it is considered by some as due to an affection of the cervical sympathetic nerve. Virchow, in his third volume on tumors, speaks of a combination of the goitre with irritability of the heart, and protrusion of the eye-balls, known as "Graves', or Basedow's disease." The pain complained of by the last patient, in the neck, might have arisen from a congestion in the thyroid gland, and it may be that the gland will enlarge as she grows older.

The above cases are reported because of the comparative rarety of the complications. In a practice extending over a period of more than thirty years, I have never before noticed to so marked a degree, the phenomena referred to.

INTEMPERANCE AS A DISEASE.

By F. Horner, Jr., M. D.,
Of Virginia.

In the report of Dr. John Bell, chairman of the Committee of the American Medical Association, the subject of the relations of alcohol to medicine has been elaborately discussed. The profession are agreed that intemperance is a disease, hereditary in some instances; an evil engrafted by the parent upon the offspring, and tending to the destruction of mind and body. At present, tinctures furnish popular vehicles for medicines, and the

habits of society, during and since the war, have been to domicile ale, beer, and distilled spirits in every family in the land. On the authority of Dr. Johnson, an eminent clergyman of Philadelphia, 60,000 persons in the United States die annually from drunkenness. The demon of intemperance, according to the reports of hospitals for the insane, and of prisons, consigns a large proportion of their wretched inmates to the straight jacket, the cell, or grave yard.

The humane physician is ever ready, on the invasion of a community by an epidemic, to recommend wise sanitary regulations in order to stop the progress of the destroyer, and sometimes will hazard his own life to avert consequences far less destructive than intemperance appears to be. Are not doctors, individually and collectively, at this moment, solemnly called upon to adopt efficient measures to diminish the suffering, pain, and death from this cause? They know alcohol, in any of its forms, is not directly subservient to the nutrition of the tissues; and when abused, produces a morbid condition and fermentable state of the blood, inductive of zymotic disease. War has its intervals of destruction, but the various alcoholic stimuli operate at all times, and seasons, upon human life. Says Dr. BENJ. RUSH: "The ravages of war are confined to one part of the human species, viz: to men; while strong drink acts too often upon persons who are exempted from the dangers of war by age or sex, and insinuates its baneful effects among people whose principles are opposed to the effusion of blood"

He concludes, "A people corrupted by intemperance cannot long be a free people. Their rulers will soon partake of the vices of that mass from which they are secreted, and all laws will sooner or later bear the marks of the effects of this vice."

The public have been aroused by the late revival of the temperance organizations throughout the country, and it were well for the approaching American Medical Association, to convene at Washington city in May next, to deal with the question of "Intemperance as a Disease," as the most important and practical one which they could consider. The Association constitutes a power, whose regulations, if not laws, when wisely made, must influence for good the entire social structure.

Dr. PH. RICORD has been appointed consulting surgeon to the Emperor Napoleon.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Clinic of F. F. MAURY, M. D.

March 5, 1870.

(REPORTED BY RALPH. M. TOWNSEND, M. D.)

Prolapse of the Rectum.

GENTLEMEN:—Exposing this patient you see protruding between the nates, a flabby mass, of a dark pink color, and as large as an egg. It is a protruded or prolapsed bowel. Around the mass, at what would naturally be the verge of the anus, is a circumscribed and massive ulceration. The causes of such a condition are various. Ascarides, a displaced uterus, pelvic tumors, stone in the bladder, excessive straining from any cause—these may all be exciting agents, producing secondarily the melancholy condition you see before you.

Treatment. This patient's bladder must be evacuated and her bowels moved always in the recumbent posture. She must strain as little as possible. Bile and saburra produce straining, and the accumulation of either must be guarded against. Along with laxatives, frequent injections of an astringent character are demanded. Use laudanum injections, so that the nerve extremities may receive that impression which will respite and send quiet to the muscular layer of the bowel. No retentive apparatus would be of service here. Placed in the bowel it would be badly borne. We want good diet, along with local and constitutional tonics. These are the great channels towards successful treatment. When mucous membrane is long exposed, it loses much of its sensibility, and hence you see, after oiling my hand, it occasions the woman little pain when I restore the bowel.

Its restoration brings fully to your view what I may well call a tremendous ulcer, produced, I believe, simply by the pressure and constriction to which the parts affected have been subjected.

We will order here, as an injection, six grains of the acetate of lead, and sixty drops of laudanum, in two tablespoonfuls of water, to be repeated daily. Also direct the patient to inject freely with hydrant water, to cleanse and give tonicity to the parts. She should always wear a T bandage, with a towel pressed against the perineum, to prevent prolapse and spasm. We will also direct—

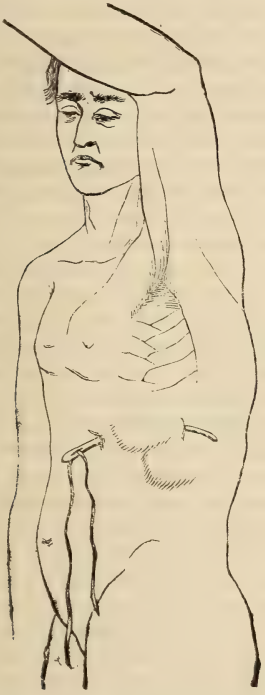
℞. Ung. hydrarg. nit., Pulv. opii, aa ʒss. Cerat. simp., ʒvij. M.

S. To be rubbed upon the surface of the ulcer.

A Tamping Iron Driven Through the Side.

I now bring to your notice a case similar, in some respects, to one that excited much interest some years ago, and which was fully reported in the

journals at the time of its occurrence, and has been again alluded to recently. If I remember rightly, by the premature explosion of a blast, a drill of formidable length and thickness was driven through a man's head—entering near the angle of the jaw, and emerging at the top of the cranium. Although the brain was shattered, the man, I believe, still survives.



In this case the patient, seven months ago, was drilling rock for blasting purposes. Some powder remaining in the hole, from a previous blast, exploded, and the drill, five feet nine inches in length, and one and a quarter inches in diameter, was blown through his side. Opposite the sixth rib, upon the left side, you notice an extensive scar and cicatricial tissue, underneath which is a sinus. At the time of the reception of the injury, though stunned and bleeding, the man spat no blood, and from this I infer that the lungs escaped injury. Superficial examination would have doubtless led to the conclusion that both lung and its investment had been torn away. It is a matter of no small difficulty to say with accuracy what viscera are involved, by looking at an external wound. Equally difficult is it to strike exactly a viscus for purposes of surgery or physiological experiment. I experienced trouble of this kind in an operation for gastrotomy which I performed, and which I have fully reported in the coming number of *Hay's Journal of Medical Science*. Passing in my probe at one of the fistulous orifices, I find it grate against a rough spot on the external face of the rib. Pushing it cautiously, you see my probe issuing at the distal orifice, and this renders it clear to my mind that this man has received but a flesh wound, with injury to no internal structure whatever. I will pass an oakum seaton through the fistula, and allow it gradually to cut its way out, so that the tract may granulate and heal from the bottom.

Wednesday, March 16.

Condylomata.

The first case I bring to your notice to-day is the man on whom we operated last Saturday for condylomata on the head and foreskin of the penis. (See Reporter No. 13, p. 256.) The result, you see, is all that could be desired. What before was an unsightly spongy mass, with an offensive odor, is now a clean surface, with here and there a small granulating and healthy ulcer. In these affections don't waste time with alum, savine, mercury, etc., but clip off the growth with the scissors and then apply chromic acid to the bleeding surfaces. For an after-dressing use a solution, such as Labarraques'. It is better than an ointment around the penis, and especially is this so in warm weather.

As I expose the woman now upon the table, you see a tumor protruding from between her thighs. Closer examination shows the mass to be

Hypertrophy of the Labia.

The labia minora are most involved, but the labia majora are enlarged and the clitoris is implicated. Lifting the mass, I find a slight ulcer underneath.

This is a condition of affairs not uncommon in women laboring under syphilis. (The sketch which I have made illustrates the seat and extent of the affection. R. M. T.) Examination of this structure would find the hypertrophy, simply dependent upon overgrowth of the natural tissue of the part. This growth possesses neither the vascularity, moisture, nor peculiar smell of the condylomata. This affection may be specific or non-specific: in the present case it is the former. The affection before us manifestly calls for surgical interference, secondary trouble being already produced by the impediment which the enlarged mass interposes to the escape of the secretions of the vagina. These growths I shall strangulate by means of a ligature.

I shall be careful not to include the clitoris. Doubtful surgical interference, with either clitoris or testicle, may subject you both to legal trouble and condemnation. (The operation was confined to the labia minora. Each labium was transfixed through the centre of its base by a needle armed with a double ligature. The upper and lower edge of the labium was then nicked, and from the point of transfixion one ligature was passed round the upper half of the labium and the other around the lower half. The nick served to keep the thread in place. Each ligature was then drawn firmly and tightly, and the mass thus strangulated. R. M. T.)

Removal of Inguinal Lymphatic Glands.

This boy is laboring under primary syphilis with secondary manifestations in the form of roseola maculata. This latter and lichen are the most common forms of syphilitic skin eruption. The boy, you see, has a long foreskin; underneath is a hard nodule, doubtless the result of the inflammation attending the primary sore. He has a bubo, which has been opened, but does not seem inclined to heal. The suppuration does not seem to come from the gland, but from the tissue around it, and this is often the case. Now if we allow this gland to remain it will prove indolent and refractory for an indefinite time, and not only prove difficult of healing itself, but stop the cicatrization of the parts around. Don't be afraid of the femoral vessels in removing the glands. The vessels are beneath the deep fascia, whereas the glands are superficial. (Dr. M. then, by enucleation, removed two or three glands of large size, T.) There is an artery of some size bleeding in the bed of the ulcer, and this I secure precisely as in the previous case of the hypertrophied labia, viz: transfixing the tissue at its base by a needle and double ligature, and then tying one ligature above and the other below. *

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic on Diseases of Women.

BY PROF. T. G. THOMAS.

March 11th, 1870.

(REPORTED FOR THE MED. AND SURG. REPORTER.)

Menorrhagia—Treatment by the Curette.

Mrs. A. N., came to the clinic five weeks ago, in an exceedingly feeble state. She complained of losing a large amount of blood at each monthly period, and that so far, she was able to obtain no relief. Dr. Thomas made a physical examination and found that the cause of the menorrhagia was due to a fungoid degeneration of the mucous membrane of the uterus. He then proceeded to its removal by means of the curette. The speculum of Sims was introduced and the uterus drawn down and fixed by means of the hook. After the curette had been applied to the whole surface of the mucous membrane, about a teaspoonful of small bodies were removed, accompanied with copious hemorrhage. These bodies were, in shape and appearance, not unlike elderberries, and have been called cellulo-fibrous vegetations.

To-day the patient appeared much more healthy, and said that at the menstrual period following the operation she had lost a larger amount of blood than when she was in perfect health, but that a very decided improvement was manifest, both in the flow of blood, and in her general health.

She was again operated upon in a manner similar to the last, but now only a few vegetations were removed, though the instrument was as thoroughly applied as on the previous occasion. The patient was ordered to report herself in another month, to watch the effect of treatment.

The curette that was used, consisted merely of a loop of copper wire. It answers as good, if not a better, purpose than any of the others; but in the application of either of the varieties there is always considerable to fear from metritis, and in some cases general peritonitis results.

Incontinence of Urine Following Delivery.

Mrs. S., aged twenty-two; married; two years and five months ago was delivered of a child, and since that time has been unable to retain her urine. Medical treatment has been entirely useless in relieving the condition. Dr. Thomas said, this was one of a type of cases that could not be considered rare. They uniformly blamed the physician with being the cause of the trouble, whereas he was entirely innocent. The cause is due to paralysis of the muscles of the urethra, but in what precise way it is difficult to say. Vesico-vaginal fistula may be differentiated from it, first, by the lesions peculiar to that disease; secondly, from the fact that at night, the urine dribbles away, whereas in the case in which we are considering, the urine accumulates in the bladder when ever the patient lies down. A month ago a patient came to my office affected in a similar manner to the one before you, and at present can retain her water. She imagines herself cured: such is not the fact, there is only relief. The treatwas the same as will be advised in the present case, and consists in the use of an instrument, so applied that it presses upward a fold of the bladder, and in this manner acts like a valve to the urethra. This appliance is secured in the vagina in the same manner as Cutter's pessary. The patient will be seen from week to week, and the working of the appliance reported.

Incontinence of Urine with Carcinoma of the Uterus.

C. G., forty-three, married. This patient was affected with her bladder in a similar manner to the one previous, but superadded was carcinoma of the uterus, of three years standing. A physical exami-

nation reveals a band sweeping around the upper portion of the vagina, with an eroded cervix, cancerous deposit in the rectum, and nodules over the whole of the vaginal mucous membrane. As very often happens there was no rational history to indicate the malignant disease from which the patient was suffering. The treatment was similar to that which was reccommended in the cases previously ecorded.

Dropsy of the Vulvo-Vaginal Gland.

Eliza F., presented herself several weeks ago at the clinic, with a tumor the size of a hen's egg, situated on the side of the vulva. It prevented coition and impeded micturition to a great extent. At that time an opening was made into it, and the contents evacuated. A small portion of the sac was removed to prevent a recurrence. To-day, patient again showed herself completely cured. She is now pregnant.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

REPORTED BY DR. J. W. HADLOCK.

Mollities Ossium in its Earlier Stages.

Contributed to the Section on Surgery by B. F. Miller, M. D.

This case occurred in the person of a Jewess, 44 years of age. Has been married nineteen years, and is the mother of three living, healthy children. Both parents are living; father 63; mother 60 years of age.

Five years ago she was affected with pain in the left leg—particularly in the vicinity of the knee-joint—which was from time to time relieved by wet cupping. For a period of three years the pain annoyed her very much, when it gradually subsided. During this time her digestion was poor, with excessive acid eructations.

On the 17th of July, 1868, whilst walking barefooted in the yard, she stepped on a sharp fragment of bone, with her left foot, receiving a cut in the plantar surface, beneath the second metatarsal bone, in length, about ¾ inch, and to the depth of half an inch. The wound, in a few days, grew painful and much swollen, when she was admitted to the Jewish Hospital for treatment. In a few weeks the inflammation was subdued, but the foot remained large and indurated. The wound would not close, but contracted down to a small sinus, through which small fragments of bone occasionally escaped.

October 28th, she was transferred to the Samaritan Hospital for further treatment. Through the sinus, caries of the second metatarsal bone could be detected, and this bone was removed.

Other sinuses now formed over different points of the foot, through which an ill conditioned fluid continually passed. Local treatment was persevered in for months, but finally abandoned—and the tarsal bones now being involved, all hopes of saving the foot was gone. When the foot was removed by Syme's method, at the joint.

The bones of the stump are so vascular (unusually so) and bled so freely, that we were obliged to delay dressing for three hours. The flow of blood no yet being arrested, and mixed with oil globules, led to the suspicion that the bones were in an unhealthy state, when a little testing with the bone gouge forceps revealed the fact, that the extent of the disease had not yet been reached. Both bones were softened, their compact structure greatly thinned and consequently much less firm. It yielded readily to moderate pressure, and with the scalpel, punctures could be made easily, through into the medullary canal. The periosteum could be readily detached from the surface, showing the bone to be of a red color. The medulla was somewhat mottled in appearance and in a semi-liquid state.

An opening was next made into the middle third of the tibia, and a similar condition exhibited itself here. Continuing our explorations to the head of the tibia, to our astonishment, we found the entire bone involved. Trusting to the knee joint for a limit, we at once amputated at that point. A few strokes of the saw took it through the condyles in an easy manner, showing that the disease still existed at this point, and its true character was now too plain to be mistaken. The medulla here displayed a difference from what was found in the leg. There was more firmness, and it had largely encroached upon the spongy texture of the part, giving the bone a tallowy appearance.

The articular cartilage was of a dull yellow color and shading off from it. The surface of the bone was of a dark pinkish hue.

The stump was immediately dressed, the patient by this time being nearly exhausted from the operation, and the time consumed in making it. By the careful use of stimulants, she slowly reacted, and the stump healed rapidly, so that in five weeks she was able to use crutches and walk about the wards of the Hospital.

The healing process was carried on with less suppuration than I ever before witnessed in an amputation of such magnitude.

At the outer angle of cicatrix a small opening remained, not longer than an ordinary sized probe, through which ichorous fluid, like that in the foot, escaped. This was her condition when she left the Hospital, which was one month later.

The above history embraces all the essential characteristics belonging to the best examples given us on the subject of mollities ossium.

The disease has chiefly been confined to females who have born children. Pain of a rheumatic character always attends it, and is most frequently observed to be located in the lower extremities.

In a majority of the cases, the urine displays a wonderful increase in phosphatic deposits, so much so, at times, as to present a doughy sediment.

With our patient, however, it was different; the urine maintained, while under our observation, a healthy standard.

How are we to account for the pathological changes that presented themselves in the bones of the above case? The history of the case does not embrace enough of the evidences of *inflammation* in the limbs to declare it as the cause.

It is true in inflammations of osseous tissues, as well as of the soft structures, that there is an increase of blood circulating in the affected part, and this is followed by an absorption of one or both of its chief organic elements. Most frequently the earthy portion is destroyed, and the remainder is so softened that, naturally enough, curvatures and displacements result in the more advanced stages of this malady.

For the present we can give no better explanation than that by W. H. Porter in his contribution to the Cyclopedia of Anat. and Phys., Vol. I, "that it proceeds from a morbid state of the blood, and that there is a want of accordance between the secreting and absorbing vessels of the bones affected; if the earthy material is not secreted at all, or in insufficient quantity, or if it is absorbed too rapidly, mollities will be the consequence."

Mr. Curling, in commenting upon this disease and the constitution of bone, as shown by chemical analysis, which in one case "showed, of the entire bone in 100 parts—of oil about 67; of membrane about 20; of earthy salts about 11"—says sufficient evidence has been adduced to prove a peculiar constitutional affection, accompanied by softening of the bones, with thinning of their walls and with the accumulation of adipose matter in their tubes and cells. To prove that the urine may be no guide in some cases as a symptom of the morbid changes, we find recorded in vol. 33, Med. Chi. Trans. on this subject, "that even when nothing peculiar was observed in the appearance of the urine, there has been found after death calcareous deposits in various structures, as in Mr. Curling's case, where, after death, a deposit was found in the lumbar and iliac glands, and in one of Mr. Solly's, where he observes that although earthy matter does not appear to have been present in the form of a sediment, the urine on analysis yielded three times the quantity of healthy urine, and on dissection, phosphate of lime was found clogging up the pelvis of the kidney, forming there a solid calculus.

Had the bones of our patient been subject to chemical analysis, I have no doubt that there would have been found the composition corresponding to that given by others who have made such tests. I do not regard the local injury to the foot as having any share in producing so extensive softening of the bone, but simply representing a morbid constitution.

Editorial Department.

Periscope.

Lupus.

Mr. Weedon Cooke read a paper on Lupus, at the Medical Society, London, quoted in the *Press and Circular*.

Having referred to the recent lectures by Mr. Erasmus Wilson and Dr. Tilbury Fox, in evidence of an on-coming of a more natural system of arrangement by which the external aspect of disease would be more equally associated with general diseased action or function than has hitherto prevailed, the author sketched the past history of his subject, and took as his guide in the division and definition of this disease the standard set up by Biett and Cazenave, reducing all the forms of lupus to three—lupus superficialis, lupus exedens, and lupus hypertrophicus—the rodent ulcer of Paget and Hutchinson. The first may generally be found associated with scrofula; the second could not be said to be grounded upon any of the special diatheses; it was a local defect of nutrition, probably founded on some embolism of the neighboring vessels, but having, nevertheless, a systemic origin which had yet to be defined. The third species was commonly associated with heart or lung disease, and appeared in persons of a melancholic temperament, with slow circulation. Some of these forms of lupus may be seen in persons having a history of syphilis, but there was no reason to look upon them at all as cause and effect. Two cases were mentioned show-

ing some resemblance to treloma, there being a fibrous condition of skin with tubercles, which had grown into pendulous tumors. These had been removed by écraseur and chloride of zinc, and ultimately a cure was effected. Some cases of lupus superficialis had been cured by lemon-juice and cod-liver oil, with the external application of a solution of the bi-chloride of mercury. In the early stage of lupus exedens the disease has also been cured by the application of lint saturated with chloride of zinc, a ready method of applying the caustic, as small pieces to suit the angle of the eyelids, etc., may be safely and securely employed. The author did not consider that either lupus exedens or lupus hypertrophicus had any associations with epithelioma or other forms of cancer, he never having been able to detect in the exudations from these ulcers any of those cells which are so abundantly observed in epithelioma; neither was there ever in lupus the out-growth of new tissue which is so characteristic of cancer. There being no cells to be carried by the vessels to neighboring glands or remote parts, there were of course no so-called secondary deposits ever to be found as the results of lupus. Quotations from Brodie, Paget, and Hutchinson, were given in support of this view of the absolute distinction between lupus or rodent ulcer and cancer. The paper concluded with a *résumé* of the treatment of lupus, both topically and constitutionally; advocating much the saturated zinc lint as a manageable caustic, and although not disregarding the use of arsenic as a constitutional remedy, preferring iron and cod-liver oil in most cases, and fresh lemon-juice in all.

Parasitic Disease Produced by the Gadfly.

Robert Walker, M. D., of Carlisle, writes to the *British Medical Journal*: In September 1859, when I was in Shetland, a young woman, 22 years of age, consulted me, complaining of an acute pain behind the right shoulder. She had felt it first about a fortnight before in the lower part of the back, and it had gradually ascended and had lately become more intense. On examining her back, I found a red line somewhat resembling an inflamed absorbent, but having a rather tortuous course, and extending from the left loin to about the middle of the right scapula. Toward its lower extremity it was indistinct and had a purple tinge, but at its upper extremity was very red and acutely painful. A little in advance of this extremity was a slight puffiness of the skin, beneath which a hard substance could be distinctly felt. Having read a paper on this disease, written by the late Dr. Spence, of Lerwick, I had no difficulty in diagnosing the presence of the larva of the Œstrus Bovis, and, cutting down upon the above mentioned hard substance, I ejected the intruder.

The case, so far as it goes, is a good example of the disease as it is usually seen in Shetland; but when the larva—to whose travels beneath the skin the symptoms I have described owe their production—is undisturbed, it eventually becomes stationary; a furunculus forms, and at its apex a small orifice appears, through which a little bloody serum, mixed with pus, for a while exudes, and the grub at last escapes and falls to the ground.

The Œstrus Bovis, or gadfly, infests cattle toward the end of summer, and the sight of it drives them almost mad with terror. Although it is contended by some that the female deposits her eggs on the hairs of cattle, it is generally believed that she inserts them into the cellular tissue by means of an ovipositor. After a short time, small tumors appear on the back of the infested animal, each having an orifice at its apex, from which exudes a sanguineous discharge, mixed with pus, and from which at length a grub, commonly called a warble, emerges. Another species of Œstus infests the reindeer, causing a very similar affection; but other species which infest the horse and sheep produce disorders of a very different nature.

In South America, this parasite seems to have been very frequently observed in man. It has been frequently seen in the human subject in Shetland; but invariably, I believe, in women. In stating it to be the larva of the Œstrus Bovis, I follow Dr. Spence. Mr. Bracy Clark also considers the human parasite to be the Œstus Bovis; and Küchenmeister says we are not justified in supposing there is an Œstrus Humanus. The rapid motion of the larva under the skin of the human subject, whilst it is stationary in the ox, may propably be explained by the different characters of the areolar tissue in the human and bovine animals.

Influence of Water on Physical Development.

In a recent report, Dr. Letheby says, that he considers moderately hard water better suited for drinking than that which is very soft, an opinion which is confirmed by that of the French authorities who took the Paris water from chalk districts instead of from sandy strata. It appears that a large percentage of French conscripts are rejected from soft-water districts than from neighborhoods supplied with hard water; and Dr. Letheby adds to this the generalization—which may be of great importance if it is proved to depend on more than coincidence—that English towns supplied with water of more than ten degrees of hardness, have a mortality of four per one thousand less than those whose inhabitants use softer water. Other kindred points of great interest are raised by Dr. Letheby, such as the possibility of a connection between the prevailing diet of a country and the composition of its potable waters.

Reviews and Book Notices.

NOTES ON BOOKS.

Mr. James Campbell, of Boston, announces a Treatise on Diseases of the Eye, for the use of general practitioners, by Dr. H. C. ANGELL.

The following reports have been received:

Fifty-sixth Annual report of the Massachusetts General Hospital, 1870.

Twelfth Annual Report of the Chicago Eye and Ear Infirmary, 1870.

Tenth Annual Report of the German Hospital of Philadelphia, 1870.

Second Report of St. Mary's Hospital of Philadelphia, 1870.

Judd & Detweiler, publishers, of Washington, D. C., announce a new medical journal under the editorial management of Dr. C. C. Cox, Professor of Anatomy in Georgetown Medical College. It will be a quarterly of 128 pages, octavo, at the price of $3 a year. The first number will appear in May.

BOOK NOTICES.

A Hand-Book of Operative Surgery. By John H. Packard, M. D., etc., with fifty-four steelplates and numerous illustrations on wood. Philadelphia: J. B. Lippincott, & Co. 1870. 1 vol., cloth, pp. 210.

We have been very favorably impressed with an examination of this book, and recommend it as a thoroughly useful volume to the operative surgeon. The author aims to give "at least one good method, practically described, for every surgical operation in general use at the present day." The descriptions are clear and careful, though at times too brief for one not already well read in the surgical anatomy of the parts. The engravings are uncommonly good, and the print and paper of that superior character which usually marks the issues of Lippincott, & Co.

Reports on the Progress of Practical and Scientific Medicine, in different parts of the world, (for the year beginning June 1, 1868, and ending June 1, 1869.) Edited by Horace Dobell, M. D., assisted by numerous and distinguished coadjutors. London, Longmans, Green, Reader, and Dyer, 1870. 1 vol. cloth, pp. 645.

Dr. Dobell states his design in editing this work to be "to bring together in the English language original and independent reports from all parts of the world, written by distinguished men, resident in the countries which they represent." His plan was laid in Dec. 1868, and he at once opened correspondence with eminent professional men, in different English colonies, arranging for suitable communications. Necessarily, he states, this first years' product is no fair sample of what is to come. Certainly however, he has good reason to be satisfied with his progress. He has brought together a rare collection of original articles, many of them from the hands of masters, and gives a summary of a great number of detached facts.

Naturally turning to America in the table of contents, we were much disappointed to see how inadequately the profession of our country is represented. Only two articles are given, one by Dr. B. Mattocks, on the climate of Minnesota, a portion of which was published in a New York journal last year, and in which at the time we pointed out various errors and one-sided statements; and the other, a brief resumé of the progress of laryngoscopy and rhinoscopy by Dr. A. Ruppaner. We hope that the next report will more adequately represent the earnest study and careful practical observations of our physicians. The best abstracts are those of Germany by Dr. Althaus, and of the United Kingdom by the editor and others.

We hope the work will be continued and perfected, and we remind our readers that in order to do this, the author must be encouraged by a remunerative patronage.

A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. By Austin Flint, M. D. Second edition, thoroughly revised and enlarged. Philadelphia: Henry C. Lea. 1 vol., 8vo., pp. 550.

Dr. Flint's treatise on cardiac disease has justly acquired a standard reputation, and a second edition has been needed for some time. The additions of the author have been numerous, and increase considerably the value of the work. The sphygmograph has contributed a quantity of information to our knowledge of heart affections since the first edition, which the author does not fail to use. Some wood-cuts representing the relations of the heart to the abdominal parieties are also given.

Photographs of Skin Diseases, taken from life, under the superintendence of Howard F. Damon, M. D., Boston, James Campbell, publisher, 1870.

This elegant series of photographs is now completed. It forms a series of typical illustrations of this variety of lesion, and has an artistic, as well as practical, value. There are in all 26 photographs, each accompanied by a letter press description, printed on handsome tinted paper in the best manner.

Although Dr. Damon's peculiar views on the classification of skin diseases has not, we believe, met with a favorable reception outside of his own clinical rooms, he is well known as an enthusiastic student of dermatology, and this contribution to the literature of that branch cannot fail to extend his reputation. Such a set of plates are especially valuable to those physicians whose hospital advantages have not been great. They are furnished by the publisher in a neat cloth case, at once ornamental and convenient.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 2, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

CONTRIBUTIONS TO JOURNALS.

Any intelligent man who practices medicine for a decade or a score of years acquires an experience of no small value to himself, and which can be made almost equally serviceable to his fellows if he only has the skill and the will to make it so. The large number of medical journals in the country do not leave him the excuse that he has no opportunity to communicate his knowledge to the world; and in our opinion, he neglects a duty, unless he seeks to avail himself of this opportunity.

Let us not be understood as urging all doctors to rush into print with heavy essays, and ponderous articles; still less with lengthy and tedious reports of cases. But those facts and views, especially of diagnosis and treatment, to which they themselves attach great importance, can and ought to be common property. Short, pointed, and *practical* articles, that is, applicable and instructive for daily practice, are what we want. Results rather than methods, truths rather than suppositions, facts rather than theories, are what we ask from our contributors.

Then again, let such articles be carefully prepared, both in point of chirography, grammar, and accuracy of description. Too often we receive communications with an accompanying note, asking us to correct any errors, that they have been written in great haste, that the authors had no time to copy them, and are in doubt as to some point of anatomy or physiology mentioned. Is it a wonder that we feel inclined to consign such a contribution to oblivion forthwith? Is this the proper care to show in writing for the scientific press? If an author cannot spare the time to write an article properly, he had better wait till he can.

Another important rule is to avoid fine writing. The simplest language is always the best and the most beautiful. Technicalities are always appropriate when they express the meaning better than ordinary words, and not otherwise.

FRAUDULENT IMITATION OF NAMES.

The English Court of Chancery has recently issued a perpetual injunction against the fraudulent imitation of a trade mark, placed upon white sheetings exported from Manchester to Amsterdam. The trade mark consisted of a lamb surrounded by a belt fastened by a buckle, with the legend "Deus pastor meus." The defendant used the same design, but sub-

stituted "Deus pastoral meurza," for the original legend. The Court held that this was clearly a fraudulent imitation, made the injunction perpetual, and ordered the die and stamps to be delivered up to the complainant.

It is singular that while in trade an imitation of that kind is promptly stopped, and the defendants punished, in the far more important matter of education, parties are left unprotected. The same ignoble reasons which induce a tradesman to imitate as closely as he can a popular trade mark, and thus take advantage of the labor and reputation of another firm in order to vend his inferior wares, prompt bodies of men and corporations to do the same.

There is in New York city a medical department of the University of New York, and in this city a medical department of the University of Pennsylvania. Both of these are regular schools of high repute. Within the last few years some charlatans have started medical schools, in each city, adopting the title of "University" also, and using every possible subterfuge to confound themselves in the eyes of an undiscerning public with the respectable institutions they imitate in name.

Not a few students from country localities have been thus misled and deliberately swindled of their money and time.

It is unfortunate that the same penalties cannot be laid upon such putters-forth of false pretense, as upon mercantile houses who imitate trade marks and infringe on patents. Under the circumstances, the most we can do is to warn the profession to look closely to the titles of institutions which claim their patronage, and not to be deceived by similarity of designation.

EDITORIAL THORNS.

The difficult position of an editor is never more fully apparent than when he accidentally arouses professional jealousy. Some weeks since an article on Occlusion of the Vagina appeared in the REPORTER, giving the details of an interesting case of decided surgical merit. The gentleman who described it, is a contributor to the medical journals both of New York and this city; and is accustomed to consult with some of the most eminent surgeons of New York. No one has ever questioned the truthfulness of his report, and no objection of any kind has previously been made to his articles. And now for a singular coincidence! Out of our many thousand professional readers, not one, so far as we know, discovered anything objectionable in the article in question, except three practitioners, who reside and practice in the same city as the operator—men of high character and standing in the profession, it is true, but who seem to us, in this instance, to be actuated by motives that are unworthy of them and their profession. They write as follows:

"An article upon occlusion of the vagina having appeared in your journal, some time ago, decidedly offensive to our *good* taste in such matters, and not wishing to be subjected to the necessity of again reading an article more fit in its general character for a Police Gazette, we hereby give you notice to discontinue your REPORTER to our address."

Now we submit whether any adequate reason is given in the above for such hasty and evidently partial and concerted action as this? It seems to us neither just to ourselves, as editors, nor praiseworthy in those who perform it. The question of good taste we yield to none of them, and we cannot but believe that personal feeling, not professional propriety, is the impulse. If the report is in any particular untrue, or unjust even to others, it is the duty of some one cognizant of the facts to expose it; and none is more capable of doing so than the several eminent gentlemen from New York who lent their counsel and assistance to the operator.

Somnambulism.

The Archbishop of Bordeaux thus describes a case of somnambulism in a young priest:—He was in the habit of writing sermons when asleep, and although a card was placed between his eyes and the notebook, he continued to write vigorously. After he had written a page requiring correction, a piece of blank paper of the exact size was substituted for his own manuscript, and on that he made the corrections in the precise situation which they would have occupied on the original page. A very astonishing part of this is that which relates to his writing music in his sleeping state, which it is said he did with perfect precision. He asked for certain things, and saw and heard such things as bore directly upon the subject of his thoughts. He detected the deceit when water was given to him in the place of brandy which he asked for. Finally, he knew nothing of all that had transpired when he awoke, but in his next paroxysm he remembered all accurately—and so lived a sort of double life, a phenomenon which is said to be universal in all the cases of exalted somnambulism.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 3.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

UTERINE THERAPEUTICS.

J. WARING CURRAN, L. K., AND Q. C. P. I., ETC.

30. ℞. Ammoniæ muriatis, ʒij.
Tincturæ aconiti, f.ʒij
Syrupi aurantii corticis, f.ʒviij. M.

A teaspoonful ter die in the treatment of *ovarian neuralgia.*

Our author states that this combination has almost a magical influence in many cases. He reports (*Medical Press and Circular*, August 19th, 1868) six cases in which various sedatives and anodynes had been tried in vain. In all he found that before the above mixture was finished by the patient the pains had entirely ceased.

Dr. J. T. Newman, of Chicago, confirms the usefulness of this mixture, and records (in the *Chicago Medical Examiner* for November, 1869,) three cases of neuralgia of the ovaries treated by it with success, after the failure of other remedies.

Dr. A. Despres, Surgeon to the Lourcine Hospital, Paris.

Injections of Warm Water in the Treatment of Uterine Inflammation and of Dysmenorrhœa.

Our author states that injections of hot water of from 95° to 104° F. are excellently calmative and powerfully antiphlogistic in the treatment of uterine inflammation, and that when they provoke a sanguineous discharge, it is a forerunner of improvement.

When there is a periuterine inflammation, even about a hematocele, warm water is still a good resolvent, and hitherto he has not seen that warm water augmented the hemorrhage. It is true to say that the vaginal injection never reaches the vessel that emits the blood.

In dysmenorrhœa, warm water occasions congestion, the entire system is so perverted or overwhelmed by the reaction upon it of the uterine disease, that a therapeusis, as broad in its application as are the indications of a state of universal ill-tion of the uterus, and the congestion is followed by a return of the menses, and consequently by a marked alleviation.

Finally, injections of warm water act like the cataplasm and warm lotions, which are so usefully employed in inflammations of the integument.

The injections of warm water are practiced at the hospital with irrigators, of which the jet is not very strong. The water used should be of 95° to 104° F., and it is renewed two, four, or six times in the day. This therapeutic means is convenient and not repugnant to patients—a good condition for its employment; beside it occasions no bad result.

Henry M. Field, M. D., of Boston.

The Constitutional Treatment of Uterine Disease.

Our author lays great stress upon the necessity of associating constitutional medication with topical applications in the treatment of uterine disease For, firstly and theoretically, the uterine lesion, if it have existed for some time before it is brought to our notice, although it was the original cause, is not, at present, the sole and efficient cause of the patient's condition, but also the depraved state of the blood and of the nervous system and the many forms of functional derangement which complicate the case; and, moreover, secondly and practically, we cannot hope successfully to compete with even a local inflammation, or to restore a single diseased organ to a normal and healthful condition, so long as the blood is seriously impaired in its quality, and the more important functions of animal life are depraved or disordered.

Nevertheless, he suspects that there is a too general tendency, in uterine therapeusis, to trust solely, or nearly so, to the employment of local medication. This was certainly, at one time, a fault of his own, but his experience has more recently included cases, which have abundantly satisfied him of the frequent fallacy and ineffectiveness of such practice.

He has seldom found *complicating constipation* cured by the removal, for instance, of the mechanical obstacle imposed upon the bowel by the flexed and engorged uterus. Its more or less long continuance has produced too profound an impression, and extended in its influence, to the procuring of other abnormal conditions of the economy, which are, in their turn, by acting reflexly, concerned in keeping it up, for it to be permanently and effectually removed by the removal only of the first, although it be the principal, cause, in the series of causes which produced it. Many of these cases, of course, are essentially cases of insufficient innervation, and the use of nux vomica or strychnia is indicated; but, at

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

health, will be required before we can expect the return of health and regularity to so important a function as that of the bowels. Such are those cases in which the nervous system has especially suffered from the effects of the uterine lesion; and such, even more markedly, in which the quality of the blood has become very much depraved. With such patients, to give strychnia or belladonna, with the design of acting specifically upon a single function, and of restoring a condition of permanent health to the bowels, would be almost as short-sighted, and almost as much of a temporary expedient, as it would be to give purgatives. The impoverished blood must first be fortified and enriched before we can look for the normal performance of any important function; and accordingly there are patients, answering the condition described, in whom a course of iron, properly regulated, may be the only general therapeutic agent that is necessary to overcome and cure constipation, which could not be reached in any other way.

In some of his uterine cases he has found arsenic, and especially the arseniate of iron, very effective in removing constipation, and has sometimes received benefit from this agent when he has failed to make a successful impression with any of the more commonly used remedies.

He has been very much pleased in cases of female difficulties in which iron has been indicated with the action of *oxalate of iron*, a preparation first brought to his notice by Prof. Craig, of the Smithsonian Institute. Being a light and tasteless powder, with nothing repulsive in its appearance, it can be exhibited in that form, to those occasional patients who are unable to swallow a pill. He values it particularly because it is less liable to cause irritation or derangement of the stomach, or constipation of the bowels, where this common effect of ferruginous preparations is to be avoided, than is any other form of iron with which he is familiar. He has found it to agree with and benefit patients who, from past experience, believed themselves unable to take iron in any form.

He urges the employment of conjoined constitutional medication in the treatment of uterine diseases, as required, for two principal reasons: First, on account of disturbances or derangements of special functions, with, or without, a state of general ill-health on the part of the patient; and, second, for the favorable reaction of such medication upon the womb itself.

A. C. Garratt, M. D., Boston.

Pruritus Vulvæ.

31. ℞. Acidi hydrocyanici, (Scheele's), f.ʒij.
Liquoris plumbi subacetatis, f.ʒiv.
Aquæ, f.ʒiij. M.

As a local application.

Dr. Horatio R. Storer states that he has long given great comfort in this affection by Oldham's ointment of hydrocyanic acid and acetate of lead, with cocoa butter.

Dr. G. S. Jones, of Boston, has employed with benefit in pruritus of the vulva, the following:

32. ℞. Sodæ biboratis, ʒj.
Camphoræ, ʒj.
Olei gaultheriæ, gtt.xxx.
Aquæ bullientis, Oij. M.

When cool pass through a cloth. To be used cold as a wash for the parts, and as an injection into the vagina.

Dr. Léon Gros, Paris.

Our author records a case in the *Bulletin Générale de Thérapeutique*, of a woman tormented during two successive pregnancies by a pruritus of the whole cutaneous surface without eruption. Nervous spasms caused by the itching rendered the woman's life miserable. Various treatments were tried without effect. Pyrosis and dental neuralgia at length complicated the case. At this period, *smoking of tobacco* was resorted to with complete and speedy success on both occasions. One cigar was smoked every night. Sleep and comfort returned.

Uterine Douche.

Syringes are so extensively used in medicine and surgery, that an improved instrument may be considered a boon to the profession. Those in ordinary use are of threefold construction.

1. Those which act by direct pressure upon the fluid through the medium of a piston and plug.

2. Those which act by exhausting the air, and afterwards expelling the fluid which enters into the vacuum.

1. Those which act like Scanzoni's on the principle of a syphon.

All of these appliances are liable to get out of order and neither of them is perfect. Dr. Beigel has combined all their separate advantages in one instrument. It consists of a glass bottle holding the fluid to be injected. Into the neck of the bottle a cork or plug is fitted. Through this cork a tube descends into the fluid and at right angles to it two other ubes are affixed. One is in communication with a hand-ball bellows whilst the other has a perforated end, and is inserted into the vagina. On using the hand bellows, a current of air is forced into the fluid contained in the bottle, which compressing it, causes it to escape with some violence through the vaginal tube. It works with precision and is also applicable to the rectum, eyes, pharynx, nose, etc.

Herr D. Toldt has devised a somewhat similar syringe, but instead of a hand ball or bellows, he employs the descent of a body of mercury for compressing the air and forcing the fluid outward. The principle is the same in both.

Numbers Wanted.

☞ We must again request subscribers who do not care to preserve their files of the REPORTER, to do us the favor to return us Nos. 670 and 672, for Jan. 1st and 15th, 1870. We also need Nos. 619, 626, 634, 651, 652, 656 and 660. We will give credit for them on subscription.

Misinformed.

The *Sunday Dispatch* of this city, in an obituary notice of Dr. GEORGE H. BEAUMONT, whose decease was mentioned in the REPORTER of last week, spoke of him as the physician who made the famous physiological observations on Alexis St. Martin. Inasmuch as the accident to St. Martin occurred 50 years ago, and Dr. WILLIAM BEAUMONT's investigations about forty-five years ago, our cotemporary is singularly astray.

The Human Heart.

It is stated that Professor Haughton, of Dublin, has calculated that the ventricles alone of the human heart perform the total daily work of 124,208 foot-tons. For every ounce of weight of the heart, that organ, it is asserted, performs 50,576 foot pounds of work per minute, and on the suppostion that it were to expend its entire force in lifting its own weight vertically, it is calculated that the heart would raise itself 19,754 feet in an hour, that is 329¾ feet in a minute. In comparing these figures with the more familiar standards, it may be interesting to remember that a "horse power," according to Watt's calculation, consists in the force that working eight hours a day raises 33,000 pounds one foot high in one minute. From Professor Haughton's statement, it will be seen that the heart exercises a force that would raise 193,212 pounds one foot high in a minute.

Was Lord Brougham Insane.

This question is discussed in a paper by Dr. DANIEL H. TUKE, read at the annual meeting of the Medico-Psychological Association held at York in August, and published in the *Journal of Mental Science* for the current quarter. He says: "That Brougham's mental condition at the periods of his life to which I refer was something more than mere eccentricity—that there were times when a certain latent insanity seemed to break out and assume an active form—will, I think, be deemed highly probable by those who will do me the favor to listen to the circumstances in his biography, to which I wish more especially to direct attention." * * * * 'If, as I venture to suggest, there lurked in the nobly endowed mental constitution of Lord Brougham a latent germ which, on several occasions, was developed into an actual frenzy, it explains why his colleagues and his royal master were so startled as to resolve on the course of exclusion they so firmly pursued; it explains the presence, in his portrait, of a 'blur,' as Miss Martineau, in her recent work (*Biographical Sketches*), happily expresses it, 'where Lord Brougham should have been.' Charity ought to rejoice to find a legitimate excuse for the irregularities of genius; and the biographer must be either malicious or ignorant who, not availing himself of it, condemns them as inexcusable crimes, or treats them with unfeeling levity. To the subtle disorder of those delicate mental forces, whose integrity is essential to sustained power and success, will be attributed the extraordinary fact that the successful Chancellor who enjoyed 'a greater supremacy and popularity than any of his predecessors (Cardinal Wolsey alone excepted,') and was dubbed Henry IX by the bar, not only fell from his high estate, but never rose to office again, or to a commanding position as an independent statesman, although living six-and-thirty years longer, and in the possession of so many remarkable mental gifts."

The Marriage of Cousins.

The London *Lancet* sums up the discussions on this question very correctly, as follows:

"The marriage of cousins, providing both are healthy, has no tendency to produce disease in the offspring. If, however, the cousins inherit the disease or the proclivity to it of their common ancestor, their children will have a strong tendency to that disease, which might be fostered or suppressed by circumstances. There can be no question that cousins descended from an insane or highly phthisical grand-parent should not intermarry; but we cannot see any reason for supposing that either insanity or phthisis would result from the intermarriage of healthy cousins."

This is the view we have constantly, and in the face of much opposition, maintained in this journal and we are glad to have our opinion endorsed by so careful an authority as the *Lancet*.

Foot and Mouth Disease.

Mr. MCBRIDE, reports in the *British Medical Journal*:

The milk of diseased cows is not the only article for the propagation of this exanthem in pigs. It may be communicated by the litter, on which diseased oxen have lain, being used as bedding for pigs; the virus contained in it is thus brought in contact with the sensitive parts between the digits, or the mucous membrane of the mouth; further, the virus from pigs will produce the disease in cattle. It is a well known fact amongst pig dealers, that piggeries are privileged spots, or centres for the spread of this disease as the virus becomes adherent to the woodwork and bedding; even the ground may be saturated with it. The poison appears to retain its vitality for

a considerable period, so that if animals be placed in such styes, within twenty four hours they are all lame, bleeding from the feet, and at the same time showing the other characteristic symptoms of the disease; so much so is this the case, that pig dealers kill them at once to prevent loss. I am not aware of any cases providing the transmission of this disease from cattle to pigs, or from pigs to cattle, by infection.

The Eye in Leucocythemia.

The *Medical Press and Circular* says, M. Leibreich, the eminent oculist of Paris, relates cases to show that leucocythemia may produce special actuations in the retina. He has observed in six patients with this complaint exudations analagous to those which he has figured among his plates in his Atlas. The papilla is pale, and the retina in its neighborhood muddy, whilst small irregular stains are desseminated in the region of the macula. M. Becker publishes two cases copied into the *Mouvement Medical*, in one of which, a man aged 32, the vision of the right eye was normal, that of the left much enfeebled. The blood was of a pale red, the mass of the white globules was, at least, equal to that of the red. The fundus oculi was of a clear orange yellow, the retinal arteries rather narrow, and pale yellow, the veins very large and rose-colored, the retinal tissue muddy. In the region of the yellow spot was seen a white, yellowish stain, surrounded by a red border, and in the neighborhood several other smaller spots were seen. The iodide of iron was of service to vision. Patient had had syphilis, and had phthisis and albuminuria.

Diuretics.

Dr. Nunneley, of York, England, according to the *Medical Press and Circular*, in experimenting on himself with citrate of potash, in does from 10 to 18 drachms in twenty-four hours, found his urine increased 2½ ounces, whilst the urea decreased 84 grains, and the solids 60 grains. The spiritus etheris nitrici, in doses from 10 to 18 drachms in twenty-four hours, slightly increased the water, and diminished the urea and solids; and the oil of juniper, in doses of 30 or 40 drops in twenty-four hours, slightly increased the urea and solids. It would appear, from these facts, that these substances are by no means very powerful diuretics.

European Items

Relapsing fever has broken out in Edinburgh, Scotland, in two distant parts of the city, and without any traceable cause in either case. The Edinburgh *Medical Journal* thinks this disease is a stumbling block in the way of "change of type" theorists.

An Excellent Antiseptic and Disinfectant.

The compound of phosphate of lime with sulphurous acid, has been shown by Dr. Garland, of England, to possess remarkable antiseptic and disinfecting powers, applicable in many cases which cannot be reached by other preparations. It is a clean white powder, which soils and stains nothing, dusts off garments or carpets, leaving no mark; it is free from smell or taste, and harmless to animal life. It withstands the action of the atmosphere indefinitely, is rapidly oxidized when incorporated with soil, and has given great satisfaction as a manure.

Experiments on Cattle.

A member of the French Academy of Medicine, who is a believer in the infection creed, lately bought four fine healthy heifers of the same age. He mixed with the food of three of them turbercular matter taken from cattle that had died from phthisis, and to the other he gave food without any such addition. The three first mentioned died of consumption in four months, the other is living and well. Generally, however, if we put faith in the experiments made by M. Dubuisson to determine this point, animals fed with an admixture of tubercular lungs, although they experience uneasiness and disturbance of system, do not become tuberculous.

Accident Insurance.

We frequently notice the occurrence of accidents to physicians disabling them for a time from attending to their ordinary duties. Physicians, of all men in the community are peculiarly liable to accidents, and to them a policy in a good Accident Insurance Company would often be a very great boon. A correspondent in Alabama writes: "I am just recovering from the effects of a dislocated ankle and broken leg. Rode yesterday, for first time in three months. Fortunately, had an Accident Policy in the —— which they promptly paid."

We do not write in the interest of any company, are under no kind of obligations to any—but a small investment in an annual premium in a good company often pays well.

Polygamy in its Influence on Population.

At the last meeting of the Anthropological Society, London, a paper by Dr. J. Campbell was read, "On Polygamy: its influence in determining the sex o our race, and its effects on the growth of population." Minute details of the relative proportions of female to male births in the harems of the king and other important dignitaries of Siam were given. The result seems to be that the proportions of males and females born were, as in the case of monogamist marriages, about equal.

Correspondence.

DOMESTIC.

Popular Medical Literature.

EDITORS MEDICAL & SURGICAL REPORTER:

There is a notion prevalent among the medical world of the present era, that in all things pertaining to the practice of the curative art, we are far in advance of the past ages of the world; particularly is this marked in the idea so widely entertained, that we now hold the key to unlock the door-way through which many of the adverse spirits to successful practice are to forever take their leave—the ignorance of the public on medical matters.

We see this idea of *enlightening the people on medical matters* as a way out of all our troubles, occupying a central position in all discussions of the subject. Indeed, the idea has obtained so deep a hold in the professional mind, that it will no doubt seem to many very absurd in any one, at this late day, to say aught against it; but let others say as they will, it is always the duty of conscientious persons to combat the errors attached to their calling, if they alone, of all the world, hold the opinion.

That the charges against our medical ancestors of a selfish purpose in surrounding medicine with as much mystery as possible is erroneous, I have no doubt. I am of the opinion that they had a more proper appreciation of the relations of the physician and patient to each other than we have, notwithstanding the advanced civilization of our time. All the *mysticism* used was, that they did not seek to muddle the brain of every plebeian with details of a subject which they could never comprehend; and this course not only did the people no wrong, but, on the contrary, was of very great benefit, both to the profession and the community—giving the first the advantages to be desired from a lucrative practice, and the latter the aid, in time of need, of skill and knowledge in the treatment of their maladies—not leaving them, as is now too often the case, to the management of some conceited ignoramus—an offshoot from some stock of wisdom—as ul te or Gunn.

Now I do not wish to be understood as an advocate of a course which would keep the people in ignorance, and subject them thereby to a degraded dependence on their superiors in knowledge: far be from me any such wish, though I am constrained to say that I think the diffusion of *general intelligence* among the masses would go much further toward eradicating the evil complained of, than would any smattering of medical knowledge which, in their present state, might be instilled into them, were each medical man to preach to them daily throughout his whole career. If, in the accumulation of *common sense*, they should chance to store up some facts in regard to Anatomy, Physiology, and Chemistry, all very well; they will, perhaps, have learned by them that medicine is a two-edged sword.

The fallacy of the notion that talking to the populace on medical subjects, and thereby posting them would be advantageous to either them or the medical profession, is susceptible of the most satisfactory demonstration by any physician who will take a little trouble to turn his attention to the matter. I, in common with the masses in the ranks of medicine, for the first ten years of my professional life, thought it a sacred duty, on proper occasions, to enlighten the more intelligent members of the community on medical matters, more particularly if an unusual, protracted, or grave case happened to themselves or a member of their families; and I am persuaded that I did this with as much tact and discrimination as most physicians would do, and this in the midst of a community of at least average intelligence, and I am honest in saying that I consider the practice to have been *exceedingly hurtful to my success and usefulness as a practitioner.*

I have almost, without a single exception, lost the practice—often immediately, in the families where I ventured on this course.

As we are an eminently practical people, it is not to be presumed that I would take issue with an opinion which long use has almost established into a truth, without the possession of facts sufficient to establish satisfactorily my position,—I will therefore detail some of them:

Mr. A. consulted me, saying that he usually filled a patent bucket with urine in the course of his day's work—twelve or fifteen hours; that he had consulted two other physicians, (one of whom prided himself very much on his skill as a physician and surgeon); the first told him his malady resulted from a *powerful pair of kidneys*,—the other that it was *the result of habit.* I took pains to set his condition clearly before him, and as a reward, during the next hour he placed himself under the treatment of a man who had never seen the walls of a medical college, nor had three books in his house (he had no office). Mr. S. had a sublingual abscess (not an ordinary ranular), from which I evacuated some ounces of pus by incision. After too early exposure, the abscess filled again and on my explaining to him the anatomy, physiology, and pathology of the structure, with the rationale of a prescription which I had made for him, he seemed pleased with the information, but sent *immediately* for another doctor! Mr. T., our Circuit Court-Clerk, a gentleman of very much more than ordinary intellect, called me to see his wife in a threatened abortion. He seemed uneasy in regard to her con-

dition, and I volunteered to explain the nature of the case, with the mechanism of the matter, etc.; he seemed to loose confidence in me at once, and declared that such information was only fitted to create useless solicitude on the part of patient and friends. Mr. P. requested me to visit his daughter, who, on the second night after her nuptials, had been attacked soon after retiring with a sense of *suffocation, palpitation, etc., etc.* I found the ady well recovered from her hysteria, and to excuse the matter told them that she was suffering only from a slight cold, and would need nothing but a little castor oil in the morning. This was not more satisfactory than would have been telling them too much, so they sent immediately for another physician, and have had no use for me since.

Now these are only a few illustrative cases of very many analogous ones I might mention, to make apparent the error of our ways, and when I remark that before these occurrences I had practiced in these families a number of years, the baneful influence of the course can be better appreciated. Mine may be the error in this matter, but I am consoling myself with the thought that this, no doubt, is the experience of most practitioners who have ventured on a similar course. I have made a stern resolve to treat them in the future with the austere silence which they deserve; as I look upon the mass of mankind as but little superior in their reasoning power to their next relations—the Chimpanzee.

J. P. C.

[We are well pleased to have our correspondent relate the above facts, as it gives us an illustration, how medical information should *not* be conveyed. It is singular that he or any should imagine that it is in accordance with "tact and discrimination" to make a patient the subject of a clinical lecture for his own instruction! or to take occasion of serious illness in a family, to read that family a dissertation on pathology! What would we think of the sea captain, who, in the face of an approaching tempest, should descant on the destructive force of the waves, the doubtful strength of spars, and the weak points of vessels? Yet this palpable error the physician commits, who, like our correspondent, takes an occasion of danger as a fit season for instruction. Physician as we are, we dislike the medical friend who visits us when we are ill, and descants on our infirmities with scientific coolness.

But the passenger who is reasonably instructed in navigation is free from a thousand groundless fears which would otherwise terrify him, and people, who n healthy hours, free from pain, danger, and solicitude, are instructed in the formation and functions of their own bodies, and are taught the efficience of therapeutics, will both bear their sickness with a less perturbed spirit, and discriminate more justly between the ignorant and the skilled physician.—EDS.]

Experience with Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

The superiority of Hydrate of chloral as an hypnotic and anodyne, and its adaptibility to the wants of the practitioner, being yet *sub judice* the following case will contribute to the mass of facts now accumulating, to prove Leibreichs' great discovery a glorious boon to that numerous class of sufferers, whose anguish though quenched by opiates, receives but an additional pang from their occasionally serious and painful sequelæ.

Mrs. N. has been a martyr to uterine and ovarian neuralgia accompanying uterine disease. Morphia and preparations of opium, when administered by the mouth always induced insomnia. Their subcutaneous endermic and rectal administration usually brought relief, but were all followed by excessive and long continued nausea, which prostrated the patient so greatly as to demand stimulants, &c. I was in despair, and when called a few days ago, at once administered the following:

℞. Hyd. chloral, ℥ij.
Syr. tolut., ℥ij.
Aquæ font., ℥iv. M.

Sig.—Tablespoonful at once, to be followed in two hours by two tablespoonfuls, and if relief does not result in three hours, three tablespoonfuls to be taken.

On the following morning I found her soundly asleep, while her children were rather boisterous in their rejoicings at their mother's peculiar, and to them, amusing slumber. She was readily awakened by roughly shaking her by the arm, and remarked smilingly, that she "liked to have slept her eyeballs out." The pain had been subdued by the first dose and after the second she fell into a calm slumber, which had continued without an intermission of but a few minutes at daylight, during the whole night. She was delighted, and expressed herself much improved, which her symptoms corroborated. Her pulse had fallen to 85, and her pinched countenance had assumed a placid and cheery air.

S. BARUCH, M. D.

Camden, S. C., March 15, 1870.

Aconite in Singultus

EDS. MED. AND SURG. REPORTER:

On the 27th March, 1870, I was called by Dr. GARDINER, of this place, to visit with him a Mr. Thompson, who was laboring under a severe attack of typhoid pneumonia, who had been treated, previously, five days by Dr. ———, who refused to meet Dr. GARDINER, when the latter's counsel had been requested. Dr. G., feeling the weight of the responsibility thrown on him, frankly stated to the patient and friends the true nature of the case and wished to withdraw. This the patient, however, besought him not to do, and forthwith discharged Dr.

———. Dr. GARDINER still not wishing to assume the entire responsibility under such circumstances, invited me to share with him the charge of the case. We found the patient with severe pain in right side, copious "prune-juice" expectoration, tympanitis, pulse 150 per minute. Severe troublesome cough, and singultus. Under the ordinary treatment for several days, the pneumonia and tympanitis were abating, but the hiccough increasing in severity and duration; at first lasting only a few hours a day, but now lasting from six to eight hours at a time, so that at least three-fourths of the time was occupied in hiccoughing, and his strength fast decreasing. Having failed with the usual remedies for singultus, I proposed to Dr. GARDINER to try tincture of aconite, in two drop doses, every three hours, which was given, and after the third dose his hiccough ceased to a great extent, and his pulse fell to a nearly normal condition. We then ordered four doses of quinia and morphia, containing each four grains quinia and one-fourth grain of morphia, to be given every four hours, which relieved him entirely from hiccough. He is now convalescent, and able to be up part of the time. I was led to the use of aconite from the fact that I have frequently cured sympathetic vomiting with it when everything else had failed.

As I may not have another opportunity to try the remedy, I would suggest it to any who may have obstinate cases of singultus, resisting the usual remedies. I once lost a patient from singultus in typhoid fever, after using everything recommended in the books. I believe aconite would have cured him.

E. A. OPPELT, M. D.

Loogootee, Ind., March 15, 1870.

Post-Mortem Examinations.

EDS. MED. & SURG. REP.:

Why is it that so much antipathy and ignorant popular indignation exists with regard to post-mortem examinations? That this ordeal, in itself of so great and incalculable value to mankind generally, and to the medical profession specially, should, through superstition and bias alone, be condemned as a habit, at once, both barbarous and inhuman; and that in this age of advancement and enlightenment the entertainment of an idea to this effect, begotten in ignorance, and fostered in prejudice, should be allowed to prove itself an obstacle to the furtherance of a science, the most philanthrophic and enlightened in the march of time?

The benefits accruing from a legally established system of post-mortem examination in every case of death are valuable beyond computation; and I maintain that, were there a law passed to the effect that interment could not be obtained without the registration of a medical certificate, granted by a legally qualified practitioner, *setting forth the cause of death, as developed by post-mortem appearances and facts deducible therefrom*, cases of sudden death, from obscure causes and otherwise, would be of less frequent occurrence, or rather, repetition.

Burns has said, that "The fear o' hell's a hangman's whip;" and it is a fact beyond the shadow of doubt, that did Law demand what Justice requires, viz., a reason for the cause of every death, set forth in the manner above stated, the poisoned cup and the assassin's knife would in future play a less important part in assisting man to "shuffle off this mortal coil" than they have done heretofore.

For the furtherance of medical science, pathological anatomy can never fail to prove a most unequivocal and unfailing help. Take, for instance, a case where diagnosis has been doubtful—we are enabled to decide by the medium of post-mortem examination alone, whether our treatment has been in accordance with the disease; if not, wherein it has been defective or redundant, and thus we can cite for our future guidance what lawyers call a "case in point;" and so avoid obtaining our conclusions from the labyrinths of what is at best bu fallacy and conjecture. Again, as a wholesome monitor for the adoption of caution in the exhibition of drugs, a law sanctioning cadaveric section, would act as a curb to the uninitiated and impulsive, and thus be conservative in withholding the rash hand of thoughtlessness and indiscretion; the good and sensible practitioner would have a greater encouragement not to be weary in well doing; while the charlatan and quack would be restrained in his misdeeds by the knowledge that their commission could be punished by the penalties of a law which, at least, would help to give the medical profession the laurels which are its due, and add a brighter lustre to the glory of its name.

L. R. C. S., EDINBURGH.

Lancaster, Pa.

Plural Births.

EDS. MED. AND SURGICAL REPORTER:

I write to report an obstetrical case, which is only remarkable for the quantity, or as Artemus Ward used to say for the "muchness" of it. Mrs. Frisz, a robust German woman, Dr. R. H. TARLTON, accoucheur, was delivered of four children about the 7th month of pregnancy. They were all perfectly developed, three girls and a boy, three head presentations and one a foot. There was one placenta, all breathed and died within two hours after. There was nothing of interest in the labor, or its sequences. The woman is making a good recovery. The husband drinks and sells XX. ale, but I have given it as my medical opinion to the families that he furnishes the *tonic*, that it had nothing to do with the *issue*. After mature deliberation, I am decided in that opinion

and I am disinterested in it, as Frisz is not one of my patrons, I and cannot be accused of wishing to further the sale of his beverage to the detriment of the community. Statistics bear me out in this opinion. We have had two cases of triplets in this vicinity in the past two years, and the parents in these cases never used tonics or stimulants.

Yours,

Martinsville, Ind. B.

EDS. MED. AND SURG. REPORTER:

I was called to attend Mrs. C. on Saturday, March 19th, at 1 p. m. On my arrival I found her in labor and on examination discovered the occiput presenting, and the "os uteri, dilated about the size of a silver half dollar. Pains came on very rapidly, and at 2½ p. m., I delivered her of a male child. The size of the abdomen not diminishing, I immediately suspected a twin birth, and on second examination, discovered the presence of a second child. I ruptured the membranes, and finding that the arm protruded, I introduced my hand, seized the feet, and in a few seconds delivered a second male child. A few moments after, a placenta, with two funes attached came away. Still noticing that the abdomen retained considerable size, I made a third examination, and found the membranes protruding; I immediately ruptured them as before, and the feet immediately presented, and in a few moments I delivered a female child. The children weighed respectively 1st, 3 lb. 12 oz., and 2nd, 4 lb. 2 oz., and 3d, 3 lb. 12 oz. They are all apparently healthy, and the mother is doing remarkably well. One hour after the delivery of the last child, I removed the second after birth, which was about two-thirds the size of the first.

Yours Respectfully,

DANIEL E. MCSWEENY, M. D.

New York City.

The Sixth Position of the Vertex.

EDS. MED. & SURG. REPORTER:

After my compliments to "H," whose article appears in the REPORTER for February 19th, and assuring him of my hearty appreciation of his laudable desire "to further obstetric science," I beg space in your columns to refer to a point or two in his communication.

The language used in the sixth, seventh, and eighth lines of the second paragraph, is a mere tautology, as any careful reader will allow in collating the articles of January 29th and February 19th.

His assertion that in a case where the *base* of the occiput is at the promontory of the sacrum, and the *anterior fontanelle* against the symphisis pubis, constitutes the "sixth position of vertex presentation," is wholly gratuitous. There is no ambiguity in the language in which Baudelocque, whom he regards as authority, defines the sixth position. He tells us that the *os forntis* rests against the pubic symphisis, and the *occiput* to the sacral promontory.

So far as I am aware, there is no such "position" as he presumes, recognized by obstetrical authorities. If such a condition had at any time obtained in the case reported, I suppose Dr. BROCK, who had the case in charge, would probably have met with no trouble in accomplishing the delivery.

His remarks in relation to the requisite manipulations, and the use of the forceps in cases of the kind, are pertinent, and evince a thorough acquaintance with the mechanism of parturition; but that "this manœuvre would probably have been easy in the present case," may conform very well with Dr. H.'s *theory*, but was wholly untenable in my *practice*.

New Market, Mo. J. P. CHESNEY, M. D.

NEWS AND MISCELLANY.

American Medical Association.

Delegates can obtain tickets for themselves and families for the round trip from Philadelphia to Washington and return for $6.50 each. *Only to be had of the permanent Secretary.*

Asiatic Cholera.

This disease, if we may judge by items that reach us from time to time, is following the same routes westward that it did in 1832-3. It is stated that during the recent outbreak of cholera at Peshawur, India, 2,000 natives and 230 Europeans perished. Asiatic cholera in its worst form is said to be raging at Moscow and other parts of Russia.

American Medical Association

The twenty-first annual session will be held in Washington, D. C., May 3, 1870, at 11 A. M.

The following committees are expected to report, on cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Cryptogamic Origin of Disease with special reference to recent microscopic investigations on that subject—Dr. Edward Curtis, U. S. A., Chairman.

On the Doctrine of Force, Physical and Vital—Dr. John Waters, Missouri, Chairman.

On Variola—Dr. Joseph Jones, Louisiana, Chairman.

On the Relative Advantages of Syme's and Pirogoff's mode of Amputating at the Ankle—Dr. G. A. Otis, U. S. A., Chairman.

On a National Medical School—Dr. F. G. Smith, Pennsylvania, Chairman.

On Commissioners to aid in Trials involving Scientific Testimony—Dr. John Ordronaux, N. Y., Chairman.

On the Climatology and Epidemics of Maine,—Dr.

J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engleman; Alabama, Dr. R. F. Michel; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. Abm. Sager; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, E. A. Hildreth; Minnesota, Dr. Samuel Willey; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. W. Compton; Louisiana, Dr. L. T. Pimm; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. J. D. Jackson.

On Veterinary Colleges—Dr. Thomas Antisell, D. C., Chairman.

On Medical Ethics—Dr. Lewis A. Sayre, N. Y., Chairman.

On American Medical Necrology—Dr. C. C. Cox, Maryland, Chairman.

To Memorialize State Medical Societies—Dr. N. S. Davis, Illinois, Chairman.

On Nomenclature of Diseases—Dr. F. G. Smith. Pennsylvania, Chairman.

On Medical Education—Dr. T. G. Richardson, Louisiana, Chairman.

On Medical Literature—Dr. J. J. Woodward, U. S. A., Chairman.

On Prize Essays—Dr. Grafton Tyler, D. C., Chairman.

Voluntary communications will be presented by—

Dr. John Curwen, Pennsylvania—On the Proper Treatment of the Insane.

Dr. Nathan Allen, Massachusetts—On the Physiological Laws of Human Increase.

Secretaries of all medical organizations are requested to forward list of their Delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. Atkinson, M. D., *Permanent Sec'y.*
1406 *Pine St., S. W. co. Broad, Phila.*

The Poppy in Texas.

Dr. Wm. M. Byars writes to the *Scientific American* about the white poppy. This is the Argemone Mexicana, or prickly poppy. The whole plant abounds in a milky, viscid juice, which becomes yellow on exposure to the air. This juice, which is acrid, has been used internally in obstinate cutaneous eruptions, and as a local application to warts, etc. The flowers are said by De Candolle to have been employed as a soporific. The seeds, which are small, round, black, and rough, in doses of two drachms to a pint of watery infusion, act as an emetic. In smaller doses they are purgative. An oil may be obtained from them by expression, which is equal, if not superior to castor oil in mildness and certainty of action.

The oil might be made in Texas in any quantity from the abundant wild growth of the plant.

Medical Instruction in Paris—Expenses.

A correspondent of the *Presbyterian Banner* of Pittsburg, writing from Paris, says:

Being in Paris this winter, attending the Hospital and lecture at the "*Ecole de Médecine*," a few words from me on the Medical Institutions of this metropolis may not be uninteresting to some of your readers. As all the institutions are under the control of the Government, it appears to me they are conducted much better than those of our own country. Here there are greater facilities for the practical study of the profession, perhaps, than in any other city in the world. The hospitals are all free to the students, not alone to Frenchmen, but to foreigners. The physicians and surgeons are appointed by "*Concours*" (competetive examination), and are paid by the Government. The hospitals are supported by funds from the Imperial Treasury, and also by a special tax levied on theatres and other places of amusement.

You must not, however infer from what I have said that there is no expense attending the attainment here of a degree of medicine; as, not to mention the living in Paris, which is very high, the student has to enroll his name at the *Ecole de Médecine* every three months, each time paying a fee of 30 francs or $6. At the end of his first, second and third years, he passes an examination, paying at each a fee of 30 francs. At the end of the fourth year (the earliest time in which he can take the degree), he pays a fee of 690 francs for the final examination. The whole amounts to about 1,260 francs, or $252.

Although a diligent student can take his degree in four years, the greater number do not succeed in lees than six or eight years, and as every one must be eighteen years of age before he commences his medical studies, you will see they are not very young when allowed to practice.

Each year a number of *interne* students (clinical students in hospitals) are elected to the various hospitals by "*Concours.*" They make all the dressings and write all the prescriptions; so that at the end of their year of office they have acquired a great deal of practical information. Some of them are always in the hospitals to treat accidents and urgent cases.

The students follow one of the physicians or sur-

geons for three months, and then go to another for the next three months, and so on. When a man has passed one year at a hospital, he goes to another for the next year, and in this way makes a round of them all. The hospital visit commences about 8 A. M., and lasts until 10 or 11 A. M. All the lectures at the *École de Médecine* are in the afternoon. Thus the clinical instruction does not interfere with the theoretical.

—— Eli Borno, of Bakersfield, Vermont, is 100 years old, and has worked nearly every day this winter, sawing wood. He has eight children, fifty grandchildren, over two hundred great-grandchildren, and two great-great-grandchildren.

—— Mrs. Susan S. Brown, of Monroe, N. H., died a few days since, aged 75 years. Mrs. Brown was one of the oldest settlers of the town. She was the largest woman in New England, weighing about 500 pounds.

—— Alexis St. Martin, the subject of Dr. Beaumont's experiments in 1825, is still living in Duttonsville, Vermont. He is now 67 years old, has had two wives and raised a family of six children.

—— Dr. John E. Mason, of Washington, D. C., formerly of Manchester, Vermont, has recently given his valuable collection of minerals to the high school of Manchester.

—— According to the eminent French physician, Dr. Pavy, the average duration of life among the Jews is thirty-seven years, while among Gentiles it is only twenty-six.

QUERIES AND REPLIES.

Fowler's Solution: Seborrhea; Locomotor Ataxia.

1. Is Fowler's Solution of arsenic incompatible with citric acid or lemonade? I have heard it so stated by a Prof. of Chemistry, but have forgotten the reaction.

2. What is the best treatment for disease of the sebaceous glands of the nose? characterized by discharging a large number of little callums of white matter upon lateral pressure all over the organ, and giving to the nose a red, *oily* appearance. The schneiderian membrane likewise is most of the time, especially in cold weather, in a state of chronic inflammation. The patient is temperate, and free from any constitutional taints, but the disorder does not yield to Fowler's Solution, or Iodide of Iron Pills, with astringent lotions.

3. Is there any cure for progressive Locomotor Ataxia? I have two cases of the kind on hand—males—about fifty years of age. Know no cause unless the use of lobelia be a cause, as each of the subjects have been in the habit of dosing themselves with this herb, often during their life for attacks of sick headache. There is no tenderness of the spine; locomotion and sensibility nearly lost in the feet, eyes, thighs, with a tendency to fall forward in standing and closing the eyes. In the worst case the bladder and bowels do not evacuate their contents without assistance with catheter, etc., and in each the hand and arms are becoming likewise paralyzed. Iron-elixir, electricity and friction to spine have been used without avail, and the prognosis is decidedly unfavorable, unless some new agent can be brought to bear upon the cases.

The disease has lasted in the mildest case fifteen months; the other about six. The former preserves his digestion well and is in good spirits; the latter the reverse.

Hawley, Pa. G. B. Curtis, M. D.

Somnolency.

Messrs. Editors:—I have been a reader of your Reporter for many years, and have looked in vain for something from the many skillful practicing physicians, that treated on *drowsing*, or *rather sleeping*, as a disease, and a remedy for it. And I wish now to lay before them, through your columns, a very singular case, earnestly hoping some remedy may soon appear.

Mrs. ——, aged thirty, the mother of two children, has been afflicted with this dreadful sleeping for six years; has consulted several eminent physicians, taken much medicine, calomel, acids, etc., but is no better. It comes upon her at any time. She feels a prickling sensation, first in the extremities, as if they were asleep, and then it is impossible for her to keep awake in any place—at her work, in any company, walking in the street, in the street cars, in the carriage, (the motion of the cars or carriage seems to increase it,) no pleasure excitement can keep her awake; Central Park or Fifth Avenue cannot do it. Some physicians tell her it proceeds from a disordered state of the stomach; others from the liver. Her general health is good; grows fleshy; suffers no pain, but her tongue is always furred or coated, and breath rather fœtid, color not very clear. When these paroxysms come on, she is perfectly wretched until she can get to some place to sleep—a *deep*, *sound* sleep for a few minutes, when she seems refreshed. 'Tis very annoying and very distressing to live in such a stupid way. Will your readers please give their attention to this case and prescribe a remedy? A Reader.

MARRIED.

Croggen—Grafton.—On the 22d of February, at the residence of the bride's father, R. C. Croggen, M. D., of Washington, D. C., to Miss Mary C. Grafton, daughter of Samuel H. Grafton, Esq., of Baltimore county, Md.

Roberts—Matlack.—March 10th, by Friends' Ceremony, John T. Roberts to Hannah M., daughter of Chas. F. Matlack, all of Germantown, Philadelphia.

DIED.

Armstrong.—March 7th, at Princeton, N. J., Dr. John Armstrong, late of Carlisle, Pa., in the 72d year of his age.

Gallagher.—March 16th, at her residence, corner 36th and Haverford sts., Philadelphia, Mrs. Mary A. Gallagher, widow of the late William Gallagher, M. D., in the 60th year of her age.

Kauffman.—March 14th, 1870, of scarlatina anginosa, U. S. G. Kauffman, only son of Mary Gertrude and Dr. V. H. Kauffman, aged 2 years and 2 days.

Leach.—In Derby, Vt., March 4th, Elizabeth, widow of the late Dr. Lovell Leach, aged 74 years.

Seward.—In Middletown, N. Y., March 18th, of bronchial phthisis, Ella, wife of Dr. F. W. Seward, in the 23d year of her age.

Studdiford—At Lambertville, N. J., March 23d, J. Hervey Studdiford, M. D.

Thompson.—March 20th, Augusta W., wife of Dr. Virgil Thompson, of New York, and daughter of Capt. Chas S. and Weltha G. Williams, of Berkley, Mass., aged 30 years.

METEOROLOGY.

MAR.	14,	15,	16,	17,	18,	19,	20,
Wind.....	N. W.	S. E.	S. W.	S. W.	N. W.	N. W.	S. W.
Weather.	Cl'dy	Clear	Clear	Cl'dy	Clear	Clear	Cl'dy
Depth Rain							
Thermom....							
Minimum..	24°	25°	38°	19°	23°	25°	29°
At 8, A M.	35	34	46	26	34	34	43
At 12, M...	39	39	33	30	39	42	53
At 3, P. M.	40	38	34	31	41	44	52
Mean.....	34.50	34	37.75	26.50	34.25	36.25	44.25
Barometer..							
At 12, M...	30.1	30.1	29.5	29.6	29.9	30.1	30.1

Germantown, Pa. B. J. Leedom.

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Communications.

THE TRIALS OF EARLY PRACTICE.

By M. M. Brown, M. D.,
of Ithaca, N. Y.

There is nothing, in my opinion, more perplexing to a young physician just commencing the practice of medicine and surgery, than a case of midwifery.

The experience of medical students in the lying-in room, in most instances, is very limited indeed, and as far as I have been able to learn, by inquiring of young practitioners, the majority have never witnessed the birth of a child till they entered upon their duties in actual practice.

A physician who has never attended a parturient woman in her time of travail, is more or less anxious when called on such an occasion, and must be the possessor of a steady nervous system, or he will tremble somewhat while on his way to the lying-in room.

I remember well how much anxiety I felt when I was called to attend the first case of confinement.

I had just left college, and entered into a copartnership with Dr. L., at M., N. Y. I had not been with the doctor more than two weeks, and had had but very few patients indeed, and having very limited means, began to feel somewhat blue, thinking that the practice of medicine was more romantic than profitable.

One afternoon a messenger rode rapidly up to the doctor's store, (he being a drug and drygoods merchant, with his son for a partner), said to him, "Sir, Mr. C. wants you to go to his house immediately, his wife is in labor, and needs immediate attention."

The doctor was in feeble health, and he made up his mind to send his partner. Suiting his action to his mind he stepped to the office door, the latter being over the store, and called to me. I answered his call, and he informed me "that I was wanted immediately, two miles out of town, to attend a lady in confinement." I never shall forget that moment. I began to tremble, and hurriedly walked about the office, getting together the medicines that I thought I might need, tucking them in a jumble into an old fashioned pair of pill bags, which looked as antiquated as the times of Galen or Hippocrates.

Dr. Leaman having graduated some thirty years before my acquaintance with him, was not schooled in all the new remedies, and was in the habit of using very many roots and "yarbs," and the said pill-bags were so crammed with pennyroyal, spearmint, tansey, smartweed, foxglove, blackberryroot, pumpkinseeds, uva ursi, pipsisawa, buchu, and sweetrye, that but little room was left for the few bottles of fluid extracts and tinctures, papers of powder, etc., which I thought might be needed in case of emergency.

I had no obstetrical instruments to take with me, and it was just as well, for I could not have used them, having had no experience, nor had I seen a pair of forceps used even on the mannikin.

Well, I finally was ready for a start. My horse was saddled, and out of town I rode. I urged my horse along at her best speed, which was very slow indeed, and finally arrived at the place of my destination. I tied my horse to the corner of a rail fence, and walked hurriedly and excitedly to the door of the house where I expected to find my patient, and rapped. An old gentleman came and opened the door and invited me in. I said to him, "is there anybody sick here?" "No, sir," said he, "you will find your patient across the road, in that little house yonder."

I tried to look dignified as I thanked him, and turned to walk away, but imagined he thought I looked *green* instead, for he smiled as he turned to shut the door, and I heard him say, "I wonder if that is a doctor." This remark took all the wind out of my *dignified sails*, but I made up my mind that "it would not do to give it up, Mr. Brown."

In a moment I stood rapping at the right door. I heard a bustling inside, and an elderly lady opened the door about four inches and peeped out, and seeing my ruddy, beardless face, immediately closed the door, remarking, "you can't come in sir." I was not to be bluffed in this way, and I took hold of the latch and opened the door, and said to the inmates, "*I am the doctor.*"

"Oh! you are; come in then, we did not expect so young a one."

I did walk in, and deposited my ungainly bag of medicine, and took off my rubber coat. It was a stormy day, and I have seldom witnessed the birth of a child since, when it did not storm.

I then helped myself to a chair and sat down near the stove to warm. No one said a word to me, and what to say, or what to do, I could not devise. I saw no patient, I heard no groans; I did not discover anything about the room that looked like what I was there after. I finally plucked up courage and asked where the sick lady was. One of the matrons pointed to one corner of the room, where I beheld a drawn curtain.

I got up and walked to the curtain and drew it aside, and then I beheld my patient biting her lips to keep from laughing at my embarrassment.

I asked her how long she had been sick. She said, "Since early this morning, some six hours, for it is now about noon I believe." "How far along are you?" said I to her. "I do not know, sir, that is for you to tell I suppose." "Well," said I, *sotto voce*, "will you let me examine you and see?" She said, "Yes, if it was necessary." I then made up my mind to face the music at all hazards, and began to give orders like a military man.

I ordered wash bowl, towel, soap, bandage for the mother, string to tie umbilicus, baby clothes, and I do not know what all.

After I had given so many important orders, one of the ladies present wanted to know "if I had good success in this kind of business?" I replied promptly "that I had never lost a case in all my long practice." She smiled behind her ears, and looked at me in a significant way. I called for about two ounces of lard, and took off my coat, and rolled up my sleeve, and smeared myself for the operation. I felt the head presenting (or I supposed I did, for it was hard) and straightened up and announced *all right*, and washed and wiped my hands.

The patient asked me, "How long before she would be through?" I said in about one-half hour, certain, if not sooner.

I said so mechanically, and with no knowledge on the point, save what little I had learned while at college, but, as good fortune would have it, I guessed correctly, and within the time specified the *baby was born.*

I trembled like a leaf in the wind, and so did all of the rest, as soon as we heard the first musical notes of the new born son, for such the child proved to be. I tried hard to control my fingers while cutting the cord, and while performing the various duties which devolved upon me, fearing while trembling, that I might do as I had read of others, viz: amputate the *penis*, or a toe, or finger, while cutting the funis.

I assisted the matron in dressing the infant, and staid till after dinner, and then went home triumphant.

The father and mother were so favorably impressed with my appearance, or with my success as a physician, or with my good looks, or my pretty name, that it was unanimously declared that their son should be called *M. M. B.* C——.

I LOSE MY FIRST PATIENT.

The young practitioner has very many more obstacles to overcome during the first three or four years of his experience than he ever does thereafter, at least I found it so.

A thousand and one things rise up to obstruct one's path of duty, and there are times when it seems almost impossible to succeed in winning the confidence of a sufficient number of families to establish a business large enough to make even a poor living.

There is one unpleasant obstacle which I regret to record, nevertheless I will do it. It is this: The opposition which young physicians have to meet from their older brethren in the profession.

I have often wondered why old practitioners, knowing as most of them do, how hard it is for a young physician to establish himself in

business, should throw their influence in the way of his success.

There are exceptions to this, it is true, but very few indeed. I have always thought it should be the pleasant duty of an older head in the profession, to give aid and good cheer to one who is battling with the stern difficulties of early practice.

I know, by sad experience, how much the young physician suffers by the handling of his misfortunes adversely.

I remember how much fear I had of losing a patient during my first year's practice. I was called to see a sick child, the daughter of a soldier, he being then in the service of the Union army. I found the patient suffering extreme pain in the bowels, and accompanied by very high fever. The tongue was much furred, and the nervous system much affected. I gave the remedies that I thought were demanded, but the little sufferer rapidly grew worse, and we all entertained fears that she could not survive very long.

I called Dr. Leaman as counsel, and he approved of my treatment, and gave it as his opinion that death would soon supervene. I was so anxious to save the child's life, that I could not eat nor sleep. I remained with her the most of the time for three days and nights, carrying her in my arms much of the time, changing the remedies frequently (and I fear too often) as my anxiety ran away with my better judgment.

The patient finally died in my arms, and I laid her in her little bed, and walked home with a sadder heart than I ever had in all my life. I had one consolation, however, that I had done all that I could, and with this I tried to comfort myself. The gossips began their slander, and were materially assisted by two physicians, or quacks as they were in reality, one of them a renegade Homœopathist, the other a non-graduated old school practitioner.

This being the first patient that I had lost in the place during the few months of practice, and receiving comforting advice from my friendly partner, I thought it best not to let my opposers out-general me. I took new courage from my successes which followed, and remained in the place the whole of twelve months. When I quit the place, I had saved out of my hard earnings just seventy-five dollars.

I went to Pennsylvania on a visit to see my friends, and was advised to hang out my shingle in my native town of Wyalusing.

It is an old adage, and a true one, that a prophet is not without honor, save in his own country, and so it proved with me. I had no success, and became blue as blue could be, and took down my sign with disgust. My father then furnished me with a horse and skeleton wagon, and I set out for some new field in which to establish myself.

I hit upon my present place of business, where I have been ever since, and have been fortunate enough to take to myself a partner, *she a female*, and we think we see daylight looming up not far distant.

I have written a very brief portion of my experience, and I trust it may not discourage any young medical man who may chance to read it, but on the other hand, teach him that the way to fortune is, "if at first you don't succeed, try, try again."

A CASE OF TRANSVERSE PRESENTATION—CEPHALIC VERSION TRIED UNSUCCESSFULLY.

By S. W. Edwins, M. D.
Of Bainbridge, Ind.

On the 27th of February I was called to see Mrs. Wareline, æt 34, of plethoric habit, the mother of three children, and of a hæmorrhagic diathesis; so much was this the case that she warned me some time previously against her flooding. I went on the morning of the 27th, at ten o'clock, prepared with some fluid extract of ergot, expecting to find little trouble.

On entering the room, I found Mrs. W. reclining on the bed, with an anxious countenance, full bounding pulse and large drops of sweat standing on the forehead. On inquiry, she informed me that she had been in labor since the 24th, but hesitated sending for me until I was actually needed. Said she knew there was something wrong for some time back. I now proceeded to make an examination per vaginam and found the os uteri so high up that it was with great difficulty I could reach it with the finger, and utterly failed to recognize any form of presentation. I now made an examination externally through the abdominal parietes and thought I detected the fetal head in the left iliac fossa, and the beat of the fetal heart just above the symphysis pubis about the median line. I now suspected transverse presentation, but said nothing to her or to the family until I was satisfied that such was the case. The os at this time was no

larger than a shilling and was entirely above the pelvic brim.

I now left her and went to my office, a distance of only one square, stating that I would return shortly, as I did in the course of half an hour; found the os about one and a half inches lower and dilated to about the size of a silver dollar, with the membranous sack protruding through. Inserting my finger carefully beside the sack I tried to discover the position of the fetus, but failed as before; feeling certain now of a transverse presentation, I determined to introduce my hand into the uterine cavity, discover exactly the presenting part, and if possible deliver by *cephalic version.*

Having taken my coat off and rolled my sleeves above the elbow, I anointed my hand well and introduced it gently beside the tumor filling the os, and had my hand just fairly within the womb when the membranes ruptured. I immediately found my hand in contact with the umbilical cord, which I traced to its insertion, and immediately to the right and above I discovered the ensiform cartilage, thus showing plainly one of the rarest cases of transverse presentation.

Following the sternum with my hand I came to the child's head, the face looking toward the crest of the ilium and a little to the front of the mother, the knees resting in the right iliac fossa, the right arm thrown forward and resting on the umbilicus, the left I could not find, but supposed it was doubled under and back of the fœtus; the legs were flexed on the thighs, the feet looking toward the nates. It will be observed that the face was looking to the left ilium and rather up to its crest, with the funis presenting exactly over the os uteri; that is the posterior fontanelle was thrown back on the cervical spine, thus forming a species of opisthotonos, which the contractions of the uterus was tending to augment each moment. Now what was best to be done? My hand being in the womb, I had my choice of two versions cephalic or podalic. I decided to try the former. Informing my patient that we had a little trouble on hand, and would have to turn, I begged her to be as quiet as possible and remain on her back as she had been, and directed the attendants as to their duty. I then gradually introduced my right hand fingers up to the anterior fontanelle, using my left hand externally against the knees, pressing gently up and toward the centre of the uterine cavity, so as to favor the falling of the head into the pelvic brim.

This process I tried until I found the uterus acting so vigorously that I was afraid of rupture, and desisted. Withdrawing my hand from the forehead of the child, down as far as the umbilicus, I then passed it up in search of one or both feet. I found one very easily, and succeeded in bringing it down; the cord now prolapsed, and, together with the right arm and right foot, formed the presenting part. My efforts to replace the cord and arm were fruitless, until I found the other foot and brought it down; after which, by slight traction on the feet, together with external upward pressure on the head, I succeeded in rotating the fœtus, and left nature to effect the delivery, which she did in about fifteen minutes—the lady being delivered of a dead male child at just half-past 2 o'clock P. M., about four hours after I first saw her. I have since thought that I lost some valuable time in trying cephalic version—an operation that I shall not attempt again, unless I have one of Prof. M. B. Wright's (of Cincinnati) shoulder cases to work on.

It is now three days over three weeks since my patient was confined. She has done remarkably well, with the exception of a slight tendency to involution of the uterus, which I treated with the fluid extract of ergot and the astringent preparations of iron. The uterine hemorrhage, that the lady dreaded so much, was obviated by the free use of the ergot; and I will here say, that in attending women of a hemorrhagic diathesis, and of relaxed muscular fiber, I know of no better treatment than just as soon as you discover the os sufficiently dilated, to administer a full dose of a good article of the fluid extract of ergot, and repeat every hour while the labor lasts, unless there is some mechanical obstruction, such as deformed pelvis.

EXTRA UTERINE PREGNANCY—SPONTANEOUS DELIVERY BY THE RECTUM—RECOVERY OF THE MOTHER.

Reported by W. F. Peck, M. D.

TO THE IOWA STATE MEDICAL SOCIETY, DAVENPORT, IOWA.

Mrs. J. N. C., æt. 33., native of New York, nervous sanguine temperament, has had two easy natural labors at full term. The exact time of conception is not known, but she is

certain that it occurred sometime in April. The symptoms were entirely unlike those experienced during former pregnancies. She was, after the second month, uncommonly sick at the stomach, and in fact it was with the greatest difficulty that she retained sufficient nourishment to sustain life. When carrying the other children this symptom was not present to any appreciable extent. (From the commencement of conception there was inability to move about.) The abdominal development was different from other pregnancies in that there appeared to be more development upward, but not without more or less proportional development anteriorly and latterly. I saw her often during her gestation, but gave little treatment other than advice. On Saturday, September 4th, her husband informed me that he must be away from home in attendance upon court at Marengo, Iowa county, in consequence of which he desired me to visit her daily and furnish such relief as indications might suggest, thinking that possibly she might not have sufficient strength to carry the child to full term. On Friday, September 9th, I called upon her at 2 o'clock, P. M., and found her sitting in a rocking chair near the bed which she had left only a few minutes before, in order to obtain rest by changing her position. There was considerable pain over the entire abdomen which she described as being of a "twisting" character. The entire abdomen was tympanitic and so much distended as to cause her to appear as though she might be six or seven months advanced in pregnancy. Whenever pressure was made even of the slightest character, the pain produced was almost unbearable. The pain was greatest over the right iliac fossa, although there was general tenderness. The stomach was unusually sensitive to the presence of fluids. I assisted her from the chair in which she was sitting into the bed and went down stairs to see Dr. Ely, of Cedar Rapids, who had just arrived to visit the family, he being an old and intimate friend.

After describing to him her condition during the progress of the gestation, we started to go up stairs and see her, when we were arrested by a relative who informed us that Mrs. C. was having a passage from the bowels. We returned to the parlor, when not five minutes had elapsed before we were suddenly summoned to the room of Mrs. C. where she was found upon a "chamber" in much pain. She informed me that the child had been born by the "back passage." I lifted her from the vessel to the bed, during which, the child, or fetus, fell back into the chamber, its weight, together with tension, having broken the cord. About six inches of the umbilical cord still remained outside, which, upon further examination, was found to be protruding from the anus. I examined the vagina and uterus to ascertain if the cord did not enter the vaginal canal or the womb; but, strange to relate, the uterus was not enlarged and the "os" was normal and healthy. The vagina was intact throughout and there was no blood nor fluid of any description in the vagina or womb.

Appreciating that the case was decidedly anomalous in character, I requested Dr. ELY to verify my examination, which he accordingly did, reporting the same result. I then directed him to retain his hand within the vagina, and permit me to pull on the protruding cord, while he should carefully ascertain if it could be felt through the vaginal and rectal tissues. He did as directed, and could distinctly feel the cord by following it from the commencement of the vagina up to and even above the attachment to the neck of the uterus. I then proceeded to follow up the cord by introducing my finger into the rectum. I traced it up into the rectum for about five inches, and upon withdrawing my finger, it was covered with blood, which fluid in a liquid and clotted form was appreciated in the rectum. Gentle traction was then made upon the cord, hoping thereby to bring away the placenta; but the cord broke internally, beyond the reach of the finger, without any after-birth coming away. No rent of any kind could be ascertained in the rectal tissue.

Dr. ELY made the same examination. I then introduced a duckbill speculum into the anus, when the blood, fluid and clotted, escaped to the amount of about one-half pint. After the blood passed away she experienced very great relief. There was also considerable discharge of gas, which was of a very offensive character. The fetus showed some evidences of putrefaction, it probably having been dead for several days. The intestines and liver of the child had an extra ventral development, which appearance they now present. The fetus, judging from its development and size is of about four months, and perhaps more. Mrs. C.'s condition after the examination, was that

of marked exhaustion. Pulse small, and 100 in frequency to the minute. Features cadaveric, and general pallor marked the entire surface. Brandy was given in small quantities, and volatile stimulants were freely exhibited. She gradually recovered from the condition of prostration, and rested much better than she had done for several weeks. The tympanitis and tenderness disappeared to a great extent during the night, and in fact she slept without medicine of any kind for at least four hours. To quench the thirst, she took small pieces of ice. The discharges of blood, of which she had several, were voluntary and came from the rectum.

Sept. 10th, P. M. Pulse 110 and small. Considerable tympanitis, with much pain in the region of the right ovary. General febrile movement. More or less sickness at the stomach, with a corresponding inability to retain nourishment or drinks, and several discharges of blood have voluntarily escaped from the rectum. The character of the discharge is not unlike coffee grounds in appearance. Directed a weak solution of carbolic acid to be used as an injection every four hours. Counter irritation to the epigastrium.

Sept. 11th. General condition better than yesterday. Less sickness at the stomach. Small particles like placental texture escape with the injection.

Sept. 12th. Condition still improving, although there is considerable pain in the right iliac fossa.

Sept. 13th. She slept very well during the night. General condition good. Several pieces of tissue passed from the rectum with the injection. Takes fluid nourishment, all of which she retains, although there exists a little nausea.

Sept. 17th. Her condition is not so favorable. Pulse 100 and weak. Respirations 22 to the minute. Marked tympanitis with general tenderness over the entire abdomen but particularly in the region of the right ovary. Stomach rejects nourishment. Treatment—veratrum viride, six drops every four hours. McMunn's Elixir 40 drops every three hours per rectum.

Sept. 18th. Pulse 118 and feeble; respirations 24; extensive tympanitis; much pain upon slightest pressure over entire abdomen; sickness at the stomach; marked febrile movement. Treatment: verat. viride 8 drops every four hours per rectum. McMunn's elixir 30 drops every four hours; mustard to the epigastrium, with emollient applications to the abdomen.

Sept. 19th. Pulse 130; respirations 27; tongue furred and dry; other symptoms much the same as yesterday. Treatment continued unchanged.

Sept. 20th. Was called at 10 p. m. last night; Dr. P. J. Farnsworth, of Clinton, saw her with me. Found her in great pain; markedly tympanitic; pulse very small and could not be counted, the pulsations being so rapid; respirations 34; surface hot; gave small dose of brandy and carbonate of ammonia. After consultation informed her husband that death seemed inevitable. In about twenty minutes the pulse became slower and stronger; the respirations grew less frequent. A large quantity of gas escaped which seemed to give her much relief. Dr. Farnsworth remained with her during the night. In the morning I found her condition much better. From this time she continued to slowly recover, but did not leave her bed until October 28th; and did not leave the house until December 29th. The last time she was out before her delivery was July 4th. The injection continued to be tinged with blood until October 1st. No after-birth came away other than the small pieces contained in the injection. She is now quite well and exhibits her ordinary health and weight, 85 pounds. She has, however, an occasional pain and "weakness" in the region of the right ovary, but in other respects she is perfectly well. I omitted to state in the proper place that Dr. A. S. Maxwell was present soon after the delivery and made an examination, when he found, as heretofore stated, the vagina and womb healthy; but upon examining the rectum the bloody discharges were found. The patient was seen during her convalescence by Dr. W. A. Hosford, of Davenport, and Dr. McKennon, of Muscatine.

Remarks—The conception probably occurred in the same manner as in all cases of extra-uterine pregnancy. The placenta I believe to have been attached to the fimbriated extremity of the fallopian tube, and the development was downward by the side of the rectum, the tissues of which were more or less attenuated by continuous pressure, which was occasionally augmented by paroxysms of coughing—a fact which was not mentioned in giving the early history of the case. That when she arose to sit upon the chamber for the purpose

of having a passage from the bowels, she had a severe coughing spell, during which the child, or fetus, was spontaneously born *per anum*, having lacerated the rectal walls to allow of its escape thus abnormally into the outer world.

I have produced the foregoing case in detail in view of the fact that the records of obstetrics contain no precedent.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Leucorrhœa.

Dr. Wayson. Leucorrhœa in its simple form may be regarded as merely an excess of the natural secretion of the parts, and it is only when the secretion is in excess that any escapes from the vagina. In the simplest forms we have only to remove the exciting causes, give a mild purgative and, probably, use astringents, and a cure is easily effected. But, usually, it is not this simple disease. It may indicate a disease of the womb which is far more difficult to treat. The causes are various and may be local or constitutional. Some of these causes are general plethora, debility, irritation of the walls of the vagina, pruritus, and in children, intestinal irritation. If we can find out the cause, that will indicate the treatment. Some physicians treat exclusively by astringents, and change from one to another until they produce the desired effect. The older writers advise bleeding. Dewees thinks it advisable even when debility is present. I have used styptics. When I was at Bay View, in those cases in which the discharge proceeded from the cervix, I used acid nit. of mercury with good results. I have also used nitrate of silver with benefit, but I never pushed the caustic very far. When the discharge is from the vagina, and acid, alkalies will afford relief; when from the cervix and alkaline, acids are indicated. If the discharge is glairing and tenacious, it is from the cervix; if acid, it proceeds from the vagina.

Dr. Stein. Those cases in which the patients refuse to be examined are hopeless, until their misery compels them to submit. Leucorrhœa is divided into two classes—vaginal and uterine. Some writers make a distinction between the leucorrhœa dependent upon the disease of the cervix, and that of the os, but this is useless in practice. The greatest number of cases depend upon disease of the vagina, and astringents, if properly applied, will cure, or greatly modify them. The applications must be made in a thorough manner. The little glass syringe commonly used is perfectly useless. The parts must be flooded so as to distend the vagina, and bring the application in contact with every portion of the tube. Cervical leucorrhœa may be distinguished by the glairy, ropy, tenacious character of the secretion which proceeds from the muciparous and other glands, and is always the result of inflammation. The secretion is normal in character, but the quantity is in excess. In the treatment, remove all discoverable causes; improve the general health; correct mal-positions of the uterus, and maintain by pessary. In the local treatment, I consider the introduction of the speculum a *sine qua non*. You must remove all the discharge from the os before you make any application, for if you do not, you merely coagulate the albumen, and produce no effect on the disease. I usually wrap some cotton around a probe, and pass into the canal, and wipe out by a rotary motion. Sometimes I have to introduce the cotton 10, 15, or 20 times before the mucus is entirely removed. If blood appears on the cotton, it shows that you have reached the mucous surface. I then place a pledget of cotton under the os, so as to protect the vagina, and apply carbolic acid. I dip the probe in the acid and pass it well up. Some leave a pledget of cotton saturated with acid in the os, but it produces uterine colic, so I remove at once. I make two or three applications at a sitting, or until I am satisfied that all parts have been touched. I then carefully wipe away all remains of the acid with a sponge, and introduce cotton saturated with glycerine. This acts as a hydragogue, and produces a profuse watery discharge. As an adjunct, I have the vagina well flooded by means of a Davidson syringe, using a gallon or two of water, as hot as the woman can bear. I make the applications of acid every four or seven days. Six weeks usually suffices for a cure. One word in regard to choice of a speculum. Ferguson's is good, but unhandy in cases of anteversion; I generally use Thomas' modification of Cusco. Some say it is too short, but I generally find it too long.

Dr. Wayson. My success has not been equal to that of Dr. Stein, although I have used carbolic acid. Some cases continue the whole term of pregnancy, and cease with the delivery; others continue during lactation. In children it is sometimes distressing. I have been asked by husbands if leucorrhœa could produce blenorrhœa in the male, and I have answered that it could. Unless we so answer, much trouble may be produced. It sometimes depends upon too frequent coition, for which abstinence is usually sufficient.

Dr. Stein. I suppose I have seen one hundred cases in the dispensary to the University of Maryland, and in the majority the above treatment was successful. I by no means forget the constitutional treatment, nor the removal of exciting causes. Almost all the cases that I have seen occurred in

women who had borne at least one child. It is generally acknowledged that acrid discharges from the vaginia can produce gonorrhœa in the male. In regard to the leucorrhœa of pregnancy, if it will yield to simple measures, you treat it; if not, let it alone, feeling sure that it will cease with the pregnancy. The treatment I have indicated is that used by Drs. Howard, Chatard, Sr., Erich, Wilson, and others of this city, and is also recommended by some writers.

Dr. Williams. Tyler Smith was the first who gave the true pathology of uterine leucorrhœa. It is an extremely obstinate disease, and women are unwilling to submit to treatment long enough. They shrink from the frequent examination, or get tired. The vaginal form is simple and easily curable, unless it is caused by excessive coitus, when it can only be modified, not cured, so long as the connections are persisted in. It can be modified by astringents, or, what I prefer, a pledget of lint saturated with tannic acid dissolved in glycerine. It prodnces less irritation than zinci sulph., or plumbi acet. Any case can be cured in a reasonable time. The uterine is much more serious and obstinate, and I indorse the remarks of Dr. Stein, that many of the failures are owing to not removing the secretion. It is merely coagulated, and no beneficial effect is produced upon the diseased surface. Carbolic acid has two advantages; it is astringent and disinfectant. In the leucorrhœa during lactation, in all delicate women, we give tonics and improve the health. It is wrong to wait for the cessation of lactation to cure the leucorrhœa, for there is a double drain upon the system which debilitates them very much. The form resulting from flexion of the womb is very difficult to cure. It is difficult to remedy the flexion. Some say it is a simple thing to cure, but if you relieve it by means of sponge tents, it soon returns to the former condition. If the flexion is not decided, and does not produce amenorrhœa or dysmenorrhœa, it is best not to undertake any radical treatment.

Dr. Friedenwald. Dr. Wilson exhibited a double canula at the last meeting of the Pathological Society, which he uses with great success in removing the discharge from the cervix, especially in flexion. It will remove it in cases which cannot be relieved by the probe.

Editorial Department.

Periscope.

Febris Intermittens Urticaria.

Dr. I. N. Beach, West Jefferson, Ohio, says of this disease in the *Medical Repertory:*

The symptoms in these cases have been very similar to those given by Dr. Davis, but the pains in stomach, nausea, vomiting, intense pains in the head, back, and extremities, chills, fever, dyspnœa, etc., were no more characteristic of severe intermittents with the rash, than of intermittents of the same severity, without the eruption. The rash of wheals in some cases appeared only slightly, in others the whole surface would be covered, the face much swollen; while in all the cases there was a most intolerable itching, burning, or smarting, sufficient in some persons of irritable temperaments to cause a species of temporary insanity. These symptoms continued for the usual time occupied by the different stages of a paroxysm of ague, and then subsided, to return again and again until interrupted by treatment.

The treatment has been that of ague. Such paroxysms would doubtless nearly always pass safely without medication; but when a physician is called, it is his duty to do what will most quickly relieve his patient of unpleasant symptoms, even if they are not dangerous. Dr. Davis only speaks of the use of mint tea to quiet vomiting, preparatory to giving a cathartic or calomel; it is presumable that he allows the other unpleasant symptoms to wear off in their own good time. I do not mention it as any thing peculiar with me, for I suppose most physicians practicing in a malarious district follow the same course; but in all such cases it seems to me that the comfort of the patient demands opium in some form. For many years I have invariably given it in large doses, in combination with ipecacuanha when the stomach would bear it, or in the shape of morphia, with soda, and other anti-emetic remedies where there was vomiting, or the *tinctura opii* as an *enema* if vomiting was troublesome. The result of such a dose early, or in fact in any stage of a paroxysm of ague prior to the sweating stage, is exceedingly satisfactory to the patient, as it saves him many hours of suffering. The mercurial cathartic I have not found at all necessary to success in treatment of ague. Blue mass, or leptandrin is occasionally combined with the quinine if indicated. Obstinate, or recurring cases, are treated according

to the condition present; alteratives, diuretics, quinine, iron, and strychnia being used as indicated, until the health is permanently restored.

The itching or smarting spoken of above is sometimes terribly annoying. In one case, a lady of very excitable temperament, the itching was so great as to cause her to tear the hair from her head, and the skin from her face; in fact she was insane. She frequently charged me with a want of skill, in not being able to relieve her of this symptom promptly. During the last summer having changed her residence, but taking with her the disposition to have ague, she became a patient of my friend, Dr. Jones, of London. Meeting her recently, she said to me triumphantly, "I have a doctor now that can cure the hives," meaning that he could arrest the itching accompanying her agues. On inquiry I found that he had used a solution of carbolic acid as a wash.

Possible Duration of Pregnancy.

In the course of an action for damages for the seduction of a young woman, says the *British Medical Journal*, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days.) He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were cases on record extending over more than 301 days. Sir James Simpson had recorded a case of 310 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable, that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff; damages, £200.

Uterine Cancer.

Dr. Routh speaks hopefully (*Medical Press and Circular*) of some cases of cancer of the womb. Cancer is not always a blood disease, although, doubtless, often so. Even if it were, topical remedies are useful in syphilis. Why not in this? The progress of uterine cancer is not very rapid. Iodine, carbolic acid, and bromine seem especially indicated as escharotics in uterine cancer; or, when the mass is large, the red-hot iron is useful. In the case of one patient treated by bromine caustic, the patient eight months afterwards was still quite well. He thinks that in all epithelioma, where the uterus is still movable, the cancer may be cured. If the growth is large, he usually destroys it by red-hot iron, or by the écraseur of Dr. Hicks. He prefers bromine as a caustic, dissolved in spirit, molding a cup of gutta percha to the diseased uterus; lining this with cotton wadding, and applying this saturated with a solution of bromine directly to the part, keeping this in its place by means of cotton soaked in carbonate of soda for 24 hours. The solution used of bromine was 1 to 5. It should be made a few minutes before it is used. Great care must be taken, lest explosion takes place, and the bromine is added slowly to the spirit. Fowler's solution is taken at meals.

Poisoning by Phosphorus.

The Court of Assizes at Nismes, in France, have just tried a man and woman for poisoning their daughter, aged 12. The girl was constantly subjected to their persecutions, and told a friend that they wanted to poison her with lucifer matches. The girl died in October last; and, at a *post-mortem* examination of the body, traces of phosphorus were discovered. The female prisoner was found to have purchased some rat poison in the previous September, which contained that substance. The mother, in defence, stated that the girl had eaten some figs prepared for killing rats. The guilt of the prisoners not being fully proved, they were pronounced "not guilty."

Spermatorrhea.

A few months ago there was published in Germany (Rorshach, Louis Huber,) a work by a Swiss physician, Albert Müller, on spermatorrhea, (*Ueber unwillkürliche Samensverluste,*) which we regard as of considerable significance in this specialty. The author takes as his motto "To go back to Lallemand, is to advance," and in accordance with this he is an earnest advocate of the practice which forty years ago the distinguished professor of Montpelier used so earnestly to state, and so successfully to use, the chief feature of which was the cauterization of the prostatic portion of the urethra. Why has this method fallen into desuetude? Why is it now so generally decried by surgeons? These questions our author answers by pointing out the neglect of general treatment, now so common, and by referring to the incredulity on the subject of spermatorrhea which so strangely possesses the medical mind at

present, and lastly because this is not one of those means which require no trouble, and *cannot be sent by mail*, and therefore is less approved by specialists. Dr. Müller has seen about two hundred cases of spermatorrhea in private practice, in ten years, many of whom refused to submit to cauterization, and many others were lost sight of; but of the remainder he has cured *sixty* by Lallemand's process, associated with judicious general treatment. He has also traced multitudinous disturbances of the general system to this disease, and is confident that it is far more serious and wide-spread than is now the fashion to believe. His work is well-timed, judicious, and carefully written; it ought, therefore, to go far toward bringing an undeservedly neglected complaint and its treatment to our minds.

Hypochlorite of Soda in Lead Poisoning.

Operatives who work in the manufacture of the various salts of lead, especially white lead, and persons who use the many popular hair tonics containing sulphur and acetate of lead, have remarked the dark precipitate which forms on the skin and its annexes. This is the black sulphuret of lead, and is quite sure, after a time, to be absorbed by the skin and ultimately to induce saturnine poisoning. Dr. MEHN, in a recent number of the *Bulletin de Thérapeutique*, recommends to remove this deposit, a bath or wash of the hypochlorite of soda, a means easy of application and followed by prompt and immediate renewal of the dark stains. He takes:

Dry chloride of calcium,	13 oz.
Crystallized carbonate of soda,	26 oz.
Water, about,	3 gallons.

Dissolve the chloride in the water, then add the soda dissolved also. A precipitate of carbonate of lime will be thrown down and the supernatant fluid will be a solution of hypochlorite of soda. Add this to sufficient water for an ordinary bath, and pour in half a drachm of essence of lemon, eau de cologne, or other aromatic. The patient should remain half to three-quarters of an hour in the bath, or should wash with it those parts of the body darkened by the sulphuret.

Transfusion of Defibrinated Blood.

Two successful cases are reported from Heidelberg, in which blood, freed from its fibrin by filtration through a fine cloth, was injected into moribund cases with success. One of them was a woman, twenty-two years of age, who was almost lifeless from repeated child-bed convulsions. The other was a new-born infant, asphyxiated, feeble, and with very slight chance for life. In the latter case, DR. DE BELLINA took blood from the placenta and injected through the umbilical vein with a glass syringe—a proceeding well worth remembering for its convenience and simplicity. The next morning the child could take the breast with ease, the change for the better being perceptible "immediately." Nearly an ounce was thrown up in this manner.

Phosphate of Lime in Phthisis.

DR. GUYOT, of Paris, recently brought before the Medico-Chirurgical Society of that city a number of cases in which he had employed the phosphate of lime in doses of from 30 to 90 grains daily, in the night-sweats of phthisical patients. The results had been very satisfactory, though he confessed that in exceptional cases there had no visible effect been produced. He had also prescribed it with success in excessive perspiration in cases of acute articular rheumatism. The most convenient form is to mix the phosphate with an equal quantity of powdered white sugar, and take a pinch of it frequently through the day.

Physiological Effects of the Ruhmkorff Spark.

Dr. B. W. Richardson has lately made some experiments to ascertain the effect produced upon animals by a very powerful electric discharge, which the *College Courant* finds recorded in the *Mechanic's Magazine*. He used the immense Ruhmkorff coil belonging to the London Polytechnic Institution, which gives a spark of 29 inches, and obtained results quite unexpected, no permanent injurious effect resulting. A pigeon previously anæsthetized with methylene bichloride, was placed in communication with the coil, the charge passing through the feet. Each spark produced a general muscular contraction, but the action of the heart, and of the respiratory muscles remained normal, so that after the experiment the bird was apparently none the worse for it, save the ruffling of its feathers. A frog was then tried with the same result. It is supposed that the current does not traverse the vital organs by passing directly through them in these cases, but takes a circuit round upon the surface.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Nathan Bozeman, of New York, has reprinted an essay from the proceedings of the New York State Medical Society, on the treatment of vesico-vaginal fistula by the button suture. It is illustrated by several wood-cuts.

"The 'Sedative' Action of Calomel in Disease," is the title of a reprint from the *New York Medical Journal*. by F. D. Leute, M. D. It is an interesting plea for a valuable drug, now undeservedly neglected by many physicians.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 9, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

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HYGIENE AND MEDICINE.

Among the vagaries which have of late years became popular, is one which holds that the true method of curing disease, even acute disease, is by hygienic measures only. These reformers carry the expectant theory to the extent of discarding all strictly so-called therapeutics whatever, and maintain that diet and nursing embrace all that is in the power of man to achieve toward curing maladies. This system is sometimes known as orthopathy, and the sweeping denunciations of drugs, in which it indulges, are fortified by the hasty and careless expressions of distinguished clinical teachers. Its advocates deny specific and alterative powers to drugs, and explain all their alleged effects either by imagination on the part of the physician or patient, or else as accident and coincidence. They point triumphantly, as they think, to the different results obtained in the use of the same drug by different physicians, and the wide discrepancy in the accounts of various writers. They lay much stress on the fashion in the use of drugs, and from this draw unfavorable inferences as to the potency of these drugs at any time, and in any case.

We are quite willing to grant that these difficulties in the way of a scientific therapeusis do exist, and that they are, at first sight, discouraging. But he who, for this reason, allows himself to throw all physic to the dogs, acts as unrationally as does the man who, seeing the diverse opinions on morals and religion which prevail in the world, concludes there is no such thing as virtue and morality, and pursues his way without any regard for the laws of right. The problems of man's body are not less complicated, not less mysterious than those of his soul. Those who seek to control and modify the infinitely delicate machinery of the human frame need not expect an easy task, yet they may confidently believe that with diligent application they will ultimately succeed. Physiology and daily observation prove too plainly the effect of certain chemical substances on the human frame and functions in health, to allow the unprejudiced mind to doubt for a moment that an equal influence can be exerted in disease.

Hygiene, let it be understood, is radically different from medicine. The former is summed up in the removal of what is noxious and injurious to the perfect performance of function. Disease is an absolute perversion of function, it is *un fait accompli*, it is no longer the bending, but the broken reed, it requires not merely the withdrawal of untoward influences, but the active support of new force from without. Here lies the value of drugs, their specific powers, ascertained by long observation and close experiment.

If we are asked to meet the objections urged by the nihilists in medicine—those who deny the specific curative power of drugs—we explain their facts in three ways. In the first place, a want of accurate diagnosis and of pure drugs leads to diverse results; for diagnosis to be thorough, must extend not only to the lesion, but to all the idiosyncrasies and peculiarities of the individual, and, of course, the material we use must be active; secondly, a want of correct observation, the existence of a prejudice or a profession which prevents strictly impartial judgment; and thirdly, a neglect of precise treatment, an uncertainty and vagueness in the administration of medicines. Specific therapeutical measures are absolutely necessary to therapeutical success. We have always observed in our conversations with physicians, that those who profess the least faith in drugs, invariably are loose in their use of them, have little knowledge of them, despise formulæ, and disparage the accurate and careful employment of them.

REAL ETHICS.

The profession of medicine is the only business or avocation which deems it necessary to have a separate set of moral laws, independent of, and additional to, those which the

State provides by statute, religion by divine enactment, and social life by the usages of gentlemen. This is a puzzle to the rest of the world, and we do not wonder at it. They naturally think that physicians must be a great deal worse or a great deal better than other men, to have piled an ethical Pelion on Ossa in this matter. Regarding the practice of physic as one of the many means of making a living, no more and no less, they imagine that a code of ethics is in reality merely the by-laws of a close corporation or guild, which the members adopt and observe to lessen competition, and exclude rivals. Such, indeed, is to some extent the case, and were it altogether so, we, of course, would not have a right to complain.

But what we have a right to complain of, is the want of good feeling in the guild itself. It is notorious that rivalry in practice is not less, but, if anything, more bitter than in trade. The young men in the profession rarely receive disinterested help from their seniors; the seniors are, as a rule, grasping and insatiable in their desire for business, and are so frequently prejudiced and jealous, that they are not willing to allow the juniors that meed of praise which these, by their unaided exertions, have justly won.

The long, tedious, discouraging years of waiting which each unfriended young physician must expect are in no wise shortened by warm professional support. The desire of the doctor who is once established in a community is to "run off," or "freeze out" his competitor.

Again, in the report of medical observation, how often does the cloven foot of self-adulation peep from under the sober robe of science? Several pamphlets are now upon our table, wherein bitter personal controversies are waged under the pretence of reporting cases in practice, and of correcting those reports. Dozens of pages of medical journals have been filled with this poisoned stuff, and the rancor of jealousy is served up to readers instead of the cold and pure records of truthful investigation.

The petty spite which success kindles in ignoble bosoms is too often shown by taking advantage of professional prejudices to the injury of a professional brother. Let a physician in any way bring himself before the general public, and at once there are tongues to whisper that is for an advertisement, that it is to increase his business, that there "is money in it." While all these things are so, notoriously and familiarly so, it might be as well for our profession, while discussing the proposed amendments to the Code, to emphasize a little the fact that that Code does not contain all the Law and Gospel, and that there are some precepts, not in it, equally important for physicians to observe.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 4.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Ophthalmic Therapeutics.

(CONTINUED FROM BULLETIN NO. 1.)

2. *Treatment of Iritis.*

JOHN HUGHES BENNETT, M. D., F. R. S. E., PROF. IN THE UNIVERSITY OF EDINBURGH.

Our author has recorded five cases of *rheumatic iritis* treated without mercury. They all recovered. He employed atropia locally, and quinine internally. In one case of double rheumatic iritis, with conjunctivitis, of the most severe description, recovery took place of the right eye in five weeks, and of the left in six weeks.

George Gascoyen, F. R. C. S. (Vol. LII. Medico-Chirurgical Transactions), reports eighteen cases of *syphilitic iritis* treated without mercury. He asserts that the iritis which occurs in syphilis is not only amenable to a simple local treatment, but that the results are fully as favorable as when mercury is used. In all his recent cases the eye completely recovered. In those in which the iris had contracted adhesions before local treatment was adopted, perfect vision was regained in most, and

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useful vision in all. The average time during which the atropine drops were continued was about twenty-six days; the shortest period being fourteen, and the longest forty-nine. He keeps the eye shaded for several days after the complete disappearance of the lymph, and the return of the natural color.

A number of years ago Dr. H. W. Williams of Boston recorded (in the Boston *Medical and Surgical Journal*) sixty-four cases of iritis treated without mercury. The cases included every degree and variety of the affection, the idiopathic, rheumatic, syphilitic, and traumatic forms. In all excepting four a good recovery was obtained. In the four unfavorable cases, the disease had been neglected in its early stages.

Robert Brudnell Carter, F. R. C. S.

33. ℞. Atropiæ sulphatis, gr. ij–iv.
Aquæ destillatæ, f.℥j. M.

Our author employs this solution as a local remedy, in all cases of iritis, whatever its origin or constitutional cause. It must be dropped into the eye, at first at short intervals, as every hour. When dilatation is produced, or when after a few applications the pupil still resists dilatation, the application is to be continued two or three times a day.

Dr. Heymann, of Dresden, advises in severe cases the application of a particle of *solid atropia* or of its sulphate to the tarsal conjunctiva, as being more certain and powerful in its action than any solution; in some instances our author has obtained good results from this practice. He considers, however, that the precise method of application is of minor importance. The point to be borne in mind is that the use of atropia in every case of iritis, whatever else may be done or left undone, is the one thing that should never be omitted at the outset of the treatment.

The chief value of atropia does not depend upon its power of dilating the pupil. In the most severe cases of iritis it does not begin to dilate the pupil until the inflammation has first been in some degree subdued or has subsided—and in such cases its influence is more marked and beneficial than in others. One author explains this influence in few words, by saying that, besides diminishing hyperæmia by producing some contraction of the blood-vessels, it secures rest to the parts within the eye by paralyzing the muscles of accommodation.

In the majority of obstinate cases of iritis there is pain enough to constitute a marked feature of the disease. As long as there is pain there will be no improvement; and this pain is, commonly, merely a symptom of the persistence of the cause of the nervous irritation in which iritis has its origin. Our author holds it to be a principle that the pain of iritis must always be subdued by anodynes; not merely mitigated, but absolutely mastered. If there be no pain, no anodyne will be needed. If there be only "uneasiness," a moderate dose at bedtime may be sufficient. If pain be severe, opium or some of its preparations should be measured only by their effects—given hour after hour until the pain is no longer felt, and then continued at whatever intervals may be sufficient to keep it in abeyance. Mr. Zachariah Laurence has published reports of several cases of iritis treated successfully by opium pushed almost to narcotism; but the secret of his success was simply the removal of pain, and this result, (for which small doses will often suffice,) is both the explanation of the *modus operandi* and the test of the quantity that should be administered. The preparation employed is a matter of little consequence. For the sake of rapidity of action, it is often well to commence by injecting a full dose of morphia under the skin of the temple; and pills of soft opium afford a manageable means of continuing the effect.

When all hitherto described has been carried out, there will still remain cases in which, notwithstanding the use of atropia, the relief of congestion, and the subjugation of pain, the pupil does not dilate, and vision either deteriorates or at least does not improve. In these cases it is found, as a mere matter of fact, that mercury, given rapidly, but discreetly, until the gums show some slight sign of its constitutional effect, will immediately break the chain of morbid action. From the very day on which the mercurial line becomes apparent the sensations of the patient are relieved, and the symptoms of inflammation decline.

He is accustomed to use the following:

34. ℞. Pilulæ hydrargyri, gr. iij.
Pulveris opii, gr. ½. M.

For one pill, ter die, for one, two, or three days, according to the strength and condition of the patient.

He then orders diminishing doses until the gums show a sign of action. Finally he directs one small dose daily until the condition of the eye is so much improved as to render relapse improbable.

He does not believe that all the good effects of mercury on iritis can be produced, unless the line on the gums can be obtained. But the condition of "salivation" can never be useful, and should never be brought about designedly.

During the whole period of treatment the eye should be closed, and protected by a compressive bandage, applied with comfortable tightness over a pad of jeweler's cotton wool. By this means the patient will be enabled to walk abroad without restraint, so long as he avoids injurious fatigue or hurry. Sometimes, especially when resting quietly at home, a poultice will be a pleasant substitute for the pad and bandage; but neither the one nor the other should be applied until a quarter of an hour after the instillation of atropia, lest the solution should be absorbed and removed from the eye.

When the inflammatory symptoms are rapidly subsiding, the mercury, and probably the opium, may be entirely laid aside. But the continued use of atropia is necessary in order to prevent relapse; and the pupil should be kept fully dilated until the eye is quite well. As long as the pupil is dilated the eye does not participate in the functional changes of its fellow, to which, therefore, moderate use may be permitted. An attack of any severity usually leaves behind a temporary proneness to conjunctival irritation, which the atropia may often assist to keep up. For this the cautious use of a mild astringent, such as:

35. ℞. Zinci sulphatis, gr. iv.
Aquæ destillatæ, f.℥iv. M.

This collyrium will usually be found effectual.

It will often be desirable to protect the eye from the glare, wind, and dust after a severe attack, by the use of blue glasses. These are now made of a watch-glass form for the purpose of excluding side light.

GEORGE LAWSON, F. R. C. S., SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL, MANSFIELD.

In the treatment of *syphilitic iritis* our author regards mercury as imperatively called for. It should be given in doses sufficiently large and frequent to bring the patient quickly under its influence, but as soon as the gums begin to grow tender and spongy, the quantity should be diminished so as to avoid anything like profuse salivation. A piece of the size of a nut of the *unguentum hydrargyri* may be rubbed into the axilla night and morning, or a pill with calomel and opium may be administered:

36. ℞. Hydrarg. chloridi mitis, gr. j-ij.
Pulveris opii, gr. ¼-½.
Confectionis rosæ, q. s. M.

For one pill, ter die.

If the patient be feeble, quinine may be prescribed at the same time, and they may be conveniently ordered in the following mixture:

37. ℞. Quiniæ sulphatis, gr. xij.
Acidi sulphurici diluti, f.℥ij.
Tincturæ aurantii, f.℥vj.
Aquæ destillatæ, q. s. ad f.℥vj. M.

Tablespoonful in water, ter die, while the mercurial inunction is used night and morning.

If the patient has already been salivated before he first comes under treatment, the following iodide of potassium mixture should be given:

38. ℞. Potassii iodidi, gr. xxxvi.
Potassæ bicarb., ℥i.
Infusi quassiæ, f.℥vi. M.

A tablespoonful ter die. At the same time a slight mercurial action may be kept up by the use of the following:

Unguentum Hydrargyri cum Belladonna.

39. ℞. Extracti belladonnæ, ℥j.
Unguenti hydrargyri, ℥vij. M.

To be rubbed into the brow and temple, and allowed to remain on during the day.

When all the effused lymph has been absorbed and the iritis has nearly subsided, the mercurial medicines should be omitted, but the iodide of potassium should be continued for two or three months combined with a bitter tonic, or if the patient is anæmic, with some preparation of iron, as the

Mistura Potassii Iodidi cum Ferro.

40. ℞. Potassii iodidi, gr. xxxvj.
Potassæ bicarb.,
Ferri et ammoniæ cit., aa. ℥j.
Aquæ destillatæ, f.℥vj. M.

A tablespoonful in water ter die.

If the iritis recur after some months, or if it assume a chronic form, the following mixture will be found of great service:

41. ℞. Hydrargyri chloridi corrosivi, gr. i.
Potassii iodidi, ℥j.
Tincturæ calumbæ, f.℥ij.
Aquæ destillatæ, q. s. ad f.℥vj. M.

Two teaspoonfuls in a glass of water two or three times a day.

Atropia is essential in the treatment of every form of iritis, and should be ordered at the very commencement of the attack, and persevered in during its continuance. A solution of the strength of gr. ij., to aquæ f.℥j. should be dropped into the eye two or three times a day. When the atropia fails to give ease, or acts, as is sometimes the case, as an irritant, the following belladonna lotion may be established:

Lotio Belladonnæ.

42. ℞. Extracti belladonnæ, ℥ij.
Aquæ destillatæ, f.℥viij. M.

Rheumatic Iritis does not require the active mercurial treatment recommended for the syphilitic form of the disease. F. 38 may be given during the day, and at night the following pill:

43. ℞. Hydrarg. chloridi mitis, gr. j.
Pulv. ipecacuanhæ comp., gr. v. M.

For one pill.

Or, the mercurial and belladonna ointment (F. 39) may be rubbed daily into the temple.

In some cases the treatment will fail to give relief. Then *quinine* in two grain doses may be ordered with benefit. Or, the quinine may be combined as follows:

44. ℞. Quiniæ sulphatis, gr. xij.
Tincturæ ferri chloridi,
Acidi nitrici diluti, aa. f.℥j.
Aquæ destillatæ, f.℥vj. M.

A tablespoonful in water to be taken through a tube, ter die.

When there are great photophobia and pain in the eye, the quinine, or quinine and iron treatment together with a mild mercurial inunction into the

temple will be found most useful. To relieve the pain a fourth or a third of a grain of the *acetate of morphia* may be injected subcutaneously into the arm. Our author directs the following formula for the

Injectio Morphiæ.

45. ℞. Morphiæ acetatis, ℈iv.
Aquæ destillatæ, f.℥j. M.

Rub the morphia gradually with the water, and add a few drops of dilute acetic acid if necessary for perfect solution.

♏. vi = gr. j. of acetate of morphia.

Turpentine has been prescribed with advantage in obstinate cases of *non-syphilitic iritis.* It may be ordered as follows:

46. ℞. Olei terebinthinæ, f.℥iij.
Syrupi acaciæ, f.℥iss.
Aquæ pimentæ, f.℥iv. M.
A teaspoonful four or five times a day.

During the whole attack the pupil should be kept well dilated by means of atropia or the belladonna lotion (F. 42.)

Medical Library for Sale or Exchange.

A physician retiring from the practice of medicine has some valuable medical works, etc. for sale, or exchange for literary works. Among these are vol. 1 to 17 (except vol. 10) of the MEDICAL AND SURGICAL REPORTER neatly bound, and vols. 18 to 21 unbound. The *Am. Journ. Med. Sciences,* old series, vols. 1 to 10 inclusive, (except vol. 9) vols. 7 and 8 new series, bound, and Nos. 39 to 55 and other numbers, unbound. Three vols. *London Lancet,* republication. Nos. 52 to 55 *Braithwaite's Retrospect,* and other Journals, bound and unbound. The bound volumes are all perfect, and bound in half calf. They will be sold for cash on very reasonable terms, or exchanged for works on history, general literature, etc. Address, "Adams," Bedford, Indiana.

Meningitis in Georgia.

Meningitis is said to be raging fearfully in Coffee county, Ga., one hundred and fifteen persons having died previous to the first of this month. In a family of nine persons eight died. There were two physicians in the county, but both left, and the people are now without medical assistance.

We are unwilling to believe this charge against the physicians of the county. If true, they have disgraced themselves, and their profession. Will some of our subscribers inform us on the subject?

Cerebro-Spinal Meningitis.

We receive accounts from various parts of the country, from central Mississippi; from Quincy, Florida; from Erie County, Pennsylvania; from Central South Carolina, and from Southern Georgia, that limited but malignant epidemics of cerebro-spinal meningitis are prevailing. The Erie *Dispatch* says:

"The singular fatality that has attended this dread malady has thrown the community into a state of abject terror, and many are flying from the place to escape from it. The skill of the local physicians has been baffled by it, and the best medical aid of this city has been peremptorily summoned. From the experience of some of our physicians in meeting this malignant disorder in their army practice, we anticipate that a check will be put upon it."

Our own hopes are less sanguine; army experience did not teach any especially successful treatment for cerebro-spinal meningitis.

Boston Journal of Chemistry.

Mr. NICHOLS seems determined to make this the leading chemical journal of the country. We would commend it to the notice of our readers as every way worthy of their patronage. The price, we observe, has been raised to $1 a year, though by an arrangement made sometime since, we can still furnish it to subscribers to the REPORTER at 25 cts.

The Medical Society of the District of Columbia.

The imbroglio in Washington continues. Dr. A. Y. P. Garnett, has published a long letter in reply to Senator Sumner, in a too violent and personal strain to suit the occasion, and which does not meet squarely the only point of any real interest in the matter, that is, whether the action of the Society did or did not, directly or indirectly, curtail the privileges of the colored physicians as regular practitioners. If it did, (as asserted,) then the action was unjust; if it did not, it is difficult to see any ground for complaint. Science is catholic, and neither sex nor race should act as barriers to the enjoyment of its freedom.

A Modern Bluebeard.

Dr. William D. Potts, alias Duvall, an old resident of Newark, N. J., has been convicted of the murder of his fourth wife at Janesville, Wis. Dr. Potts is a native of New Jersey, and was born near Trenton. At the age of 14 he was known as the "Boy Preacher," and continued in the ministry until 30 years of age, when he became an "eclectic" doctor.

Upon his trial for this murder, the Doctor testified in his own behalf, and gave an explanation of all the circumstances surrounding the death of his wife.

The jury found him guilty of the charge, and the Judge sentenced him to the State Prison for the term of his natural life.

Correspondence.

DOMESTIC.

Conservative Surgery.

EDITORS MEDICAL AND SURGICAL REPORTER:

In obedience to an impulse of duty long entertained, I herewith furnish, for the benefit of the profession through your valuable journal, a report of some interesting cases, proving the advantages of conservative surgery over a resort to the knife.

The first case I have to mention was that of a sailor who was admitted to Seamen's Retreat in 1853. This man was received in hospital from ship-board on account of compound comminuted fracture of leg, of long standing. His injury was sustained from falling from aloft to the deck of the ship, and then being knocked about in his hammock without care during a long voyage. When admitted was in the most pitiable situation possible, both as respects the injured limb and general condition. He was cared for in a sanitary and surgical regard by the physicians of the Retreat as well as they were able; and after a period of a couple of weeks, when his improvement gave encouragement that an operation—amputation as was believed by the physicians of the Retreat—might be practicable. The elderly and eminent Dr. Hoffman, of New York city, was called in consultation. A careful examination of the fractured leg was made, and to the surprise of the doctors having charge of the case, Dr. Hoffman decided that a trial should be made to save the limb. Though fearfully fractured and profusely suppurating, yet the experienced eye of the old surgeon discovered in the condition of the leg and constitutional health of the patient, no doubt a promise of recovery, under appropriate management, without amputation, that a less practical observer would not be likely to recognize. I can attest this case appeared most unpromising of saving *without* limb, if *with* life. The youth and apparently excellent constitution of the patient, together with the healthy character of the discharging pus of the wounded leg were the circumstances upon which Dr. Hoffman predicated a favorable prognosis. As to general treatment he directed supporting diet and regimen, and, locally, the position of the leg most favorable to union of the fracture, along with special care in respect to compression and bandaging. The success attained in the case I believe was secured by treatment of leg in the fracture box. Suffice it to say that by the treatment advised, this patient, in a surprisingly short time, recovered completely, and the physicians of the hospital had the satisfaction of seeing him walk away from the Retreat upon both his legs, and able again to pursue his calling before the mast upon the ocean wave.

The second case I have to report is in many particulars identical with the previous one detailed. It came under my treatment at the Orange County Poor House in 1855. It was the case, likewise, of a young German, who by some accident, in a manner which I do not now recollect, sustained also a compound comminuted fracture of the leg. The case, in the first instance, fell into the hands of a physician practicing in the neighborhood where the accident happened, who accompanied, several weeks subsequent to the accident, the unfortunate patient to the institution mentioned when he came into my charge—accompanied him there, I have always verily believed as a desirable relief of a *very bad case*, which he might greatly desire to transfer into *other*, if not more skillful hands. The doctor apologized for the bad condition of the leg, by stating that it had been attacked by erysipelas; and for his emaciated, wretched, physical dilapidation by asserting that it was due to neglect and want of care on the part of the family, in whose employ the man was upon the occurrence of the accident, and pending the treatment of the fracture. I deem it unnecessary to remark in regard to this case, further than to state that in all important respects it corresponded exactly with the one already briefly detailed; and I need only mention that the same line of treatment was adopted as was pursued in the former, and the same successful, gratifying result attained. And it is proper that I should, as a concluding statement, remark that it was attributable to the observation and experience derived in connection with the Retreat case, that I was encouraged to make the trial of saving the limb, and thus I believe the life as well, of my patient, in the course of treatment followed, and which was attended with such a happy corresponding termination.

The third case, though dissimilar to the previously mentioned ones, and which I regard not less interesting and meriting publication as an example of conservative surgery, is that of a railway accident that came into my hands in the summer of 1869. The subject of the accident was Captain Charles A. Wood, conductor of a coal train on the Erie railway. While his train was standing upon the eastern bound track, and the tender of the locomotive was being replenished with coal, at the coal-shute a mile distant from Port Jervis, N. Y., conductor Wood left a position he had occupied on the locomotive, and took one upon the western bound track. While in this position and engaged, in a stooping attitude, examining something which had excited his observation as to the truck of the forward car, a train came along at a rapid rate of speed upon the track on which he stood, and without being seen or heard, the engine caught him and threw him to a fearful height into the air, but in his descent he fortunately fell between the double track and thus escaped being crushed by the passing cars.

Happening to be a passenger on Capt. Wood's train, immediately upon being hurt, he was borne to the caboose in which I was seated. From the nature of the accident, and from the expressions of pain indicated, I believed that the injury must be fatal. The shock, of course, immediately sustained was alarming, and the torn sleeve of his coat, and helpless condition of his right arm only evidenced too truly that a dreadful injury to him, if he should survive, was the result of the calamity. Being laid in the caboose, the train conveying the captain was run back to the village, and he was taken to his hotel, when, assisted by Dr. Sol. Van Etten, of Port Jervis, appropriate relief to his suffering was administered, and an examination especially of his wounded arm was made. It was discerned that there was a compound complicated fracture of the arm at the elbow. The olecranon process of the ulna was fractured, and a wound communicating with the joint and extending six inches down the outer aspect of the arm existed. In fact, for the number of inches stated, the radius was denuded of all tissues, even of periosteum. In a word, the injury to the limb was one of serious magnitude, and the question at once to be decided was what should be done. I will mention a circumstance here that complicated the case. In his service in the army, Captain Wood had received a gun shot wound in the same arm, which would have cost him amputation of it if he had not willfully, but as the result proved, wisely, refused submission to the operation. The rebel bullet, which was the occasion of the wound in question, he carried still, and it lay embedded in the flexor muscles of the fore arm. Though the usefulness of the member was greatly impaired, yet there was soundness of the limb, and the previous gun shot wound entered into the case in hand only in determining the serviceability of the arm, if it could be saved in view of its existing impairment. If saved it could be, with a necessarily greatly *increased* impairment, would the attempt to save such an arm be worth the while? In any event anchylosis, in all probability complete, must be expected to happen. We were governed in making up our judgment in the case, in the conservative view of it, by the fact that the patient was a young man, and possessed of habits of the most scrupulous regularity and sobriety; that he possessed, also, an excellent constitution, and a physical organization most favorable to recovery, and besides, in view of former experience in a similar instance, had proved his constitutional stamina and recuperative energy. Taking all the circumstances into consideration, we decided to attempt to save the arm without amputation. In the treatment it involved the removal of the fractured olecranon. This being done, the lacerated wound, involving the soft parts, was dressed by means of sutures, and plasters, and bandaging, so as to close the opening to the joint as much as possible, and cold water dressing, applied with a view of keeping down inflammation. I have not remarked in respect to the injuries sustained other than in a local regard except the constitutional shock.

A great deal of suffering was experienced from various contusions, and a temporary hemiplegia followed the accident. But the constitutional symptoms, considering the fearful character of the casualty to which he had been subjected, were surprisingly less than was to be apprehended. The case went into the hands of Dr. Van Etten, under whose skillful management it progressed in the most satisfactory manner. His valuable army experience, first and last, contributed incalculably, no doubt, to the successful result which crowned our efforts in the treatment of this most extraordinary injury. I have only further to add, in connection with this case, that in a period of about two months the wound entirely healed; and in about three months from the occurrence of the accident, the Captain resumed his duties as conductor of his train.

The arm was put and kept in a partially flexed position during treatment, and though anchylosed at the elbow, still, for all practical purposes, it is almost as useful as before the last injury. He has complete use of the hand and wrist, and no diminished action of the muscles of the forearm. In short, to a casual observer, he would betray no evidences of having sustained an accident.

I omitted in the proper connection, as to time of occurrence, another case illustrative of my subject, which I will in this place briefly recite. It was a case in which I was called in consultation some years ago—the case of a man who was thrown from a mowing machine, and by this accident had his foot severed off at the ankle joint. It was a clean cut, severing the condyle of the fibula and all tissues, to the extent traversed by the knives of the machine. The ankle was properly supported, kept at rest, cold water applied to the wound, and complete recovery secured without an outward symptom.

The lesson to be deduced from the cases thus briefly and imperfectly narrated, is, I need not observe, admonitory to the exercise of the most scrupulous caution in determining whether to operate or not in injuries involving important surgical interference. It should be borne seriously in mind that it is a grave and fearful responsibility to lop off a leg or an arm, a foot or a hand, that might, perchance, by skillful surgery and judicious management be saved. I count it an unspeakably greater glory to save a limb than to amputate one. Let not then the *eclat* that may be secured by the performance of the latter—allow me to expostulate with any who may be tempted—countervail in any instance from a strict regard to a conscientious discharge of duty, when the sacrifice of a useful member may be saved to any human being.

J. H. Thompson, M. D.

Goshen, N. Y., March 4, 1870.

Uses and Doses of Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

It may not be uninteresting for the practitioner to hear something original by the illustrious inventor of the above "new" drug, Dr. Liebriech, of Germany, as regards its uses and properties. In a note, "The Chloral Hydrate" by Dr. Oscar Liebriech, he says: The drug can, on account of its physical properties, not be given in pill or powder form, but the best method is that of solution. In smaller doses it can be given without corrigens, but simply in aq. destill. and in tablespoon doses. As chloral hydrate in a concentrated solution has a bitter and somewhat acrid taste, an addition of gum mucilage or syr. cort. aurant. is very desirable; a mixture of that kind has a very pleasant taste, and will readily be taken even by small children. Naturally no alkaline reacting corrigent can be added to the mixture, as such will free the chloral hydrate. For hypodermic injections the solution must be absolute neutral in reaction. If a trace of SO_3 should be present in the solution, a little ammonia is required to neutralize it. For internal use Professor Liebriech recommends the following recipes, which can be easily modified as to smaller or heavier doses, as the cases may require:

℞. Chlorali hydrati, grmm. 2.5.
Aquæ destill.,
Mucilaginis acaciæ, aa. grmm. 15.0. M.
S.—As one dose. (A simple hypnoticum.)

℞. Chlorali hydr., grmm. 4.0.
Syr. aurant. cort.,
Aquæ destill., aa. grmm. 15.0. M.
S.—Evenings, a tablespoonful. (A simple hypnoticum.)

℞. Chlorali hydr., grmm. 4.5 (—8.0.)
Syr. aurant. cort.,
Aquæ destill., aa. grmm. 15.0. M.
S.—At once to be taken. (In delirium potatorum.)

℞. Chlorali hydrat., grmm. 2.0.
Aquæ destill., " 150.0.
Syr. aur. cort.,
Mucilaginis acaciæ, aa. grmm. 15.0. M.
S.—Every hour a tablespoonful. (As a sedaivum.)

℞. Chlorali hydrat., grmm. 5.0.
Aquæ destill., " 10.0. M.
S.—A teaspoonful in a glass of wine, beer, or lemonade. (As a hypnoticum.)

℞. Chlorali hydr., grmm. 5.0. M.
solve in
Aquæ destill., q. s.
Ut mensura tota liquoris æquet centimetra cubica decem.
S. 1=4 P. C. subcutaneous as hypnoticum or assistant hypnoticum.

FERDINAND LESSING, M. D.,
Philadelphia.

Epilepsy.

EDS. MED. AND SURG. REPORTER.

SIRS:—Under the head of Queries and Replies, in the January 15th number of the REPORTER, I noticed an inquiry signed A. W. S., who has a case of epilepsy for which he prescribed the long-known remedy—bromide of potassium in five grain doses, increasing to ten. Under this treatment the patient improved in lengthening the time of the interval between the paroxysms, but with the intellect more impaired. Now, I think, whether bromide of potassium should be regarded as a remedy *par-excellence* in epilepsy, at present depends upon the mode of administering it to a great extent. I have had remarkably good results follow the use of the bromide prescribed in the following manner:

℞. Pot. bro., ℥iij.
Am. bro., ʒj.
Ferri citras, ʒj.
Aq. dest., Cong. j. M.
A tablespoonful to be given to an adult three times a day between meals.

It will be seen from this, that the dose of the bromide, in the above is forty-five grains, and fifteen grains of the bromide of ammonium, with about two grains ferri citras sol., which last can be increased as the circumstances of the case require. The dose of the bromide can easily be lessened to suit the individual case; but such instruction to the patient on my part has as yet not become necessary.

I would here say that I have not observed in a single instance increased impairment of intellect follow the use of the bromide prescribed in the manner as above described by me, but quite the reverse. Where there was impaired intellect, that condition improved with all the other symptoms, and the paroxysms always have ceased in a short space of time; but the treatment *must* be persevered in, or there will be a recurrence of the disease in its full vigor. The longer the treatment is continued (as appears from my notice) the longer will the disease be held in abeyance on cessation of the treatment. By keeping the system under the continued alterative influence of the bromide of potassium and ammonium, I think we have the satisfaction of knowing that we have the disease under our control in most instances, if not in all; and, sometimes, I think a complete cure will follow the above treatment. It has, in my hands, in no instance failed to give rapid and marked relief.

Middlebury, Ind. W. F. HANI.

Expulsion of a Uterine Polypus.

EDS. MED. & SURG. REPORTER:

I was called in great haste, about four o'clock in the morning, to see Mrs. M., aged 21 years; married 3 years; has one child 2 years old. I found her suffering paroxysms of excruciating pains, increasing in both severity and frequency since midnight.

Her general appearance was that of perfect health; pulse very little above normal; tongue slightly coated; skin moist, full in form, and flesh firm to

the touch. She was not *enceinte*; had been unwell the previous week for the first time since her child was born. There was hardly time enough between the paroxysms to elicit the above information. I have rarely seen one suffer more during parturition. Turning away from the patient for a few minutes, I learned from her sister, that Mrs. M. had, for nearly two years past, been voiding a serosanguinolent fluid in greater or less quantities almost every day. I at once suspected the existence of a polypus. I supposed the pains were occasioned by the efforts the uterus was making to expel the polypus. My first impulse was to quiet the uterus, in order that the patient might have a little rest till the best means of further action might be adopted. I gave a hypodermic injection in the arm, using half a grain of the acetate of morphia in solution. After waiting half an hour without any apparent effect or cessation of pain, I repeated the injection, increasing the quantity a little. The pains still continued for over half an hour, when she began to feel easier.

A little after daylight she was quite free from pain, though she slept very little in spite of the heroic anodyne thrown under the skin.

About noon of the same day, after sitting up in bed a while, she felt the pressure of a body which when voided, proved to be a polycarpus of about the size and shape of a calf's heart, weighing sixteen ounces. In water it was of a light flesh color; round and smooth on the side; multilocular and of a deeper red color on the other. Both its shape and the shortness of the pedicle would seem to favor the opinion that it was entirely intra-uterine, though no vaginal exploration was made.

The patient is so far doing well.

The acetate of morphia was from Rosengarten & Sons, Philadelphia. I put of water ten fills of the barrel of my syringe into a small bottle, then added ten grains of the morphia, kept the bottle well stoppered to prevent evaporation. I wish to know how this morphia acted, or whether it did any good at all in the case? What is the proper treatment in such cases? A. D. Binkerd, M. D.

Parker's Landing, Pa., March 18, 1870.

Retroversion of Uterus.

Editors Med. and Surg. Reporter:

I have a case of retroversion of the uterus, complicated with left lateral obliquity, which has resisted all my attempts to keep *in situ*. There has been a good deal of congestion, with tenderness of the neck and fundus, which I succeeded in relieving with local applications of iodine and glycerine; so that there is now no tenderness of the neck, and but little of the fundus; but the displacement still persists, accompanied with pain in the left hip, and backache. I can very easily place the organ in its natural position with the probe, but all my efforts have thus far failed in keeping it there. I have used Hodge's bas pessary, molded to suit the size and construction of the parts. Now what shall I do? What do you think of Dr. Babcock's Silver Uterine Supporter, and Dr. Wadsworth's Uterine Elevator?

Do you think either of them would be applicable to this case? J. B. Cory, M. D.

Patch Grove, Grant Co., Wis.

[The instruments named are, in our judgment, better adapted to cases of prolapsus than other forms of displacements of the uterus.—Eds.]

"Is Quinine a Partus Accelerator?"

Editors Med. & Surg. Reporter:

Under the above caption, in your Journal of Feb. 5th, I have read a short article by Dr. Burt, of Kansas.

My observations of the effects of quinine, when exhibited to pregnant women for chills, have been similar to those of your correspondent, and for many years past, I have not ventured to give quinine to a pregnant woman for malarious disease, without giving with each dose a full portion of opium.

I would answer the above interrogatory in the affirmative. I am convinced that quinine, when given freely at any time before the completion of term, will induce uterine contractions. At the completion of term, it will hasten natural labor.

With this conviction, I concluded to use the agent when there existed inefficient uterine action at term, and did so for the first time on the 28th of August, 1853, and have done so many times since, most generally with satisfactory results.

I append a few cases in as few words as possible:

Mrs. D——— æt 42, 7th Preg. An interval of seven years has elapsed since last confinement, saw her about 8 A. M. I found os uteri properly dilated—liquor amnii escaped—labor pains sufficiently frequent, but inefficient. About 3 P. M. pains ceased entirely. I then gave her ten grains of quinine at once, and applied warm fomentations to the abdomen. In thirty minutes after the exhibition of quinine, uterine contractions returned with promptness and force—labor was quickly terminated.

Mrs. S——— æt 42, 12th Preg. Saw her at 8 A. M. She had suffered from uterine pains at long and regular intervals for the past twenty-four hours, os dilatable. 1 P. M., dilating; 3 P. M., liquor amnii escaped; after that event pains were inefficient for several hours. I gave her about eight grains of quinine, and in about thirty minutes the uterus was acting vigorously—labor was soon over.

Mrs. A——. Æt. 23; second pregnancy; saw her at 4 A. M.; she has had pain four hours; found os uteri properly dilated; sac of waters well form-

ed; at 9 A. M. no progress; at 10 A. M. applied dry cups to sacrum; 12 M. no change; 2 P. M. no change. I then gave her ten grains of quinine at once. In thirty-five minutes after taking it, she became very pale; skin moist; pulse slow, full and soft; the uterus began to act vigorously, and in twenty-four minutes from the commencement of its activity the woman was safely delivered.

In these cases the mother and child did well.

Grinnell, Iowa. JOHN LEWIS, M. D.

NEWS AND MISCELLANY.

Provision for the Insane in New York.

Provision for the better treatment of the insane is exciting uncommon attention in both branches of of the New York Legislature. The bill of Senator Lewis, concerning the Buffalo State Asylum, provides that it shall be built on the site selected by the Commissioners for that purpose; that ten managers shall be appointed for the institution by the Governor and the Senate, to hold terms of different length, so that permanence may be maintained; that these managers shall have powers like those of the State Lunatic Asylum at Utica, and that the regulations of the institution shall be like those of the Utica Asylum. The bill appropriates $50,000 to commence operations in building an edifice suited for 500 patients. The plans for the structure must be approved by the Governor, Controller, and State Engineer.

As further evidence of sympathy with that class of the population, it may be mentioned that a bill of Assemblyman Steele provides about $50,000 for paying the present indebtedness of the Willard Asylum for the Insane at Ovid, for furniture, heating apparatus, plumbing, &c.

In addition to the new State Lunatic Asylums now authorized for construction, at Buffalo and Poughkeepsie, besides those already established, at Utica and Ovid, further attention to the insane is shown by the bill of Senator Tweed, supplementary to the law of last year on the subject, authorizing the Corporation of New York to raise, by loan, a further sum of $300,000 for constructing and completing a Lunatic Asylum on Ward's Island, now being erected by the Commissioners of Public Charities and Correction—the new stock for which additional loan to be issued, and its redemption provided for, in the way mentioned in the act of last year.

The Microscopical Society of New York.

At a meeting of the Microscopical Society, on Tuesday evening, 22d ult., Dr. Hinton, Chairman, Prof. Samuel Jackson exhibited specimens of a new insect which he claims to have discovered. He calls it the *Tingis arcuata*, and found it some 90 miles up the Hudson on the buttonwood tree. Under the microscope it is a terrible looking animal. Mr. Mason exhibited some photographs of pathological specimens. Dr. Higgins read a report on photomicography; he regarded the electric light as by far the best for the process, but the magnesium light is good.

An act of vandalism has been committed at the room of the Society by some person at present unknown. The two busts of Dr. Valentine Mott have been defaced with paint—the cheeks of the busts painted red, the eyes blue; and the consequence is, the features have to be veiled from public view. The building and all it contains is a temple to Dr. Mott, and his bust might be specially respected.

Alumni Associations.

The organization of Alumni Associations in connection with the Medical Colleges of this city, is an excellent move, if it is carried out with energy, and in the right spirit; but if it is merely to be a means of advertising colleges, and their faculties, it will fail of its end. A more liberal and higher spirit should pervade such associations. They should aim to give greater effect, and to call into more constant operation the loftiest principles which should animate and *unite* the profession. They should not perpetuate the jealousies of schools, nor the predilections of professors and faculties. For that reason we think it was an unwise move in the faculties to take so prominent a part in them.

Alumni Association of Jefferson Medical College.

By the graduates of Jefferson Medical College, in this city, familiarly known as above, an adjourned meeting was held on the 19th ult. Its object was to form an Association of Alumni for purposes and objects that are obvious to every one.

Dr. Hatfield occupied the chair; Dr. J. Ewing Mears, Secretary. The attendance was very full including numerous gentlemen who graduated at "Old Jeff" when the institution was comparatively in its infancy. The Committee appointed on the 5th to draft a Constitution and By-Laws, presented one that was adopted by them without a dissenting vote.

Drs. Wm. L. Knight, J. C. Norris, J. R. Burden, J. W. McFerran, and J. Ewing Mears were appointed a Committee to nominate officers. In the meantime Dr. A. Hewson, on motion of Professor Gross, was appointed to receive the initiatory dollar from each gentleman who sought enrollment on the Almuni rolls.

The Committee reported as follows: The gentlemen named were unanimously elected.

President—Prof. S. D. Gross, M. D., LL. D.

Vice Presidents—Drs. Nathan L. Hatfield, W. L. Atlee, Elwood Wilson, Addinell Hewson.

Treasurer—Prof. B. Howard Rand.

Recording Secretary—Dr. J. Ewing Mears.

Corresponding Secretary—Dr. R. J. Dunglison.

Executive Committee—Drs. Ellerslie Wallace, S. Wier Mitchell, A. C. Bournonville, Richard J. Levis, J. M. Da Costa, John H. Brinton, Wm. Goodell, Prof. J. Aitken Meigs, Wm. L. Knight, S. W. Gross, R. M. Girvin, T. H. Bache, William H. Pancoast, J. C. Norris, F. F. Maury, William T. Johnson, W. W. Keen, William B. Atkinson, G. R. Morehouse, W. H. Ford, T. H. Andrew, Isaac R. Burden, O. H. Allis, M. Townsend, N. Hatfield.

Association of Medical Superintendents of Institutions for the Insane.

The Twenty-fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Allyn House," in the city of Hartford, Conn., commencing at 10 A. M., June 15th, 1870.

Attention is particularly called to the following resolution:

"*Resolved*, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions."

By a standing resolution of the Association, the Trustees of the different Institutions for the Insane are invited to attend the meeting.

[Cannot the Association adopt a title of less fearful proportions? Eds. Med. & Surg. Reporter.]

Professor Tyndall Parodied.

The recent meeting at Exeter of the British Scientific Association called forth the following curious contribution to gastronomic science, laboriously modeled on the well known style of Professor John Tyndall, much to the amusement of the members:

Experience has proved that the juice of three or four lemons and three quarters of a pound of loaf sugar, dissolved in three pints of boiling water, give saporous waves which strike the palate at such intervals, that the thrilling acidity of the lemon juice and the cloying sweetness of the sugar, are no longer distinguishable. We have in fact a harmony of saporific notes. The pitch, however, is too low, and to heighten it, we infuse in the boiling water, the fragrant yellow rind of one lemon. Here we might pause, if the soul of man craved no higher result than lemonade. But to attain the culminating saporosity of punch, we must dash into the bowl at least a pint of rum, and nearly the same volume of brandy. The molecules of alcohol, sugar, and citric acid collide, an entirely new series of vibrations are produced—tremors to which the dullest palate is attuned. In punch, then, we have rhythm within rhythm, and all that philosophy can do is to take kindly to its subtle harmonies. It will depend in some measure upon previous habits whether the punch, when mixed, will be taken in excess or in moderation. It may become a dangerous ally, and bring a sentient being to the gutter. But, on the other hand, it may become the potent inward stimulus of a noble outward life.

The famous "but a step," has rarely been more effectively taken.

Valuable Combination.

A correspondent, Dr. C. W. Davis, of Iowa, writes: "Sulphate of zinc and chlorate of potass *intimately ground* together in equal quantities will be found a most excellent and satisfactory remedy. The various forms of stomatits, sore throat, ophthalmic, and many cutaneous diseases, yield at once, by its use. I was led to make this combination to economize space in my vial case. Instead of carrying both the zinc and potash, I carry the combination. Even in internal administration the zinc adds to the efficiency of the chlorate.

Ten grains to the oz. of water as a collyrium. 1 drachm to 4 oz. of water as a wash in stomatitis, and gargle in sore throat, to be used stronger if necessary as a lotion. The zinc and potash must be *most* intimately ground together to an impalpable powder to insure its perfect and certain efficacy. From the efficiency and curative power of this combination there is evidently a *physiological* affinity."

A New Insect Poison.

M. Cloez, who is engaged at the garden of the Paris Museum, has invented, according to *Scientific Opinion*, what he considers a complete annihilator for plant lice and other small insects. The discovery is given in the *Revue Horticole*, with the endorsement of its distinguished editor, E. M. Carrière. To reduce M. Cloez's preparation to our measures, it will be sufficiently accurate to say, take 3½ ounces of quassia chips, and 5 drachms of stavesacre seeds, powdered. These are to be put in seven pints of water, and boiled until reduced to five pints. When the liquid is cooled, strain it, and use with a watering-pot or syringe, as may be most convenient.

Harvard University.

The Board of Overseers of Harvard University has recently conferred the degree of Doctor of Medicine upon 39 graduates of the Medical Department, and of Doctor of Dental Medicine upon 12 graduates.

Poor Pay.

The physician who attended Count Bismark's son, lately wounded in a duel at Bonn, paid 160 visits to the young man. When he had ceased his visits the Countess tendered him $25.00 !! He demanded 160 thalers ($120.00). His very moderate bill was refused. Next time he had better demand cash each visit.

A New Hospital in New York.

The Directors of the Mount Sinai Hospital have determined upon the erection of a new building to take the place of the present one. The structure is to be erected on Lexington avenue. The cost is estimated at $300,000, and it is expected that the corner-stone will be laid about the 1st of May.

European Items.

——Prof. Helmholtz has been elected corresponding member of the Academy of Science at Paris.

——Dr. Boucher de la Ville-Jossy, familiar to many American students who frequented the Hospital Lariboisière, is deceased.

——M. Gaussin has been elected president of the Anthropological Society of Paris, for the current year. Paul Broca continues as General secretary.

——Dr. Amedèe Lefevre, a French naval surgeon who has written some able works on naval hygiene, is recently deceased.

——This expression of Trousseau, the most distinguished of modern French physicians, is quoted by one of his eulogists: "*Je tiens à honneur d'être empirique.*"

——Dr. Guérin asserts that the race of Frenchmen is deteriorating. It would appear that in about one-third of the communes the number of deaths exceeds that of births, and the children that are born are less viable, and grow to less vigorous men and women than formerly.

——M. Sars, a naturalist of celebrity, especially known for the discovery of alternate generation, and for his researches into deep sea flora and fauna, died quite recently at Paris. He leaves nine children and a widow, totally without resources. A subscription has been opened for their benefit.

——A London chemist—Dr. Andrews—has announced a discovery which, if confirmed, is of the first importance, namely, that the gaseous and liquid states of matter are continuous. His experiments have chiefly been made upon carbonic acid, confined in fine glass tubes, and subjected to various pressures up to that of 110 atmospheres; they show that from carbonic acid as a perfect gas, to carbonic acid as a perfect liquid, the transition may be accomplished as a continuous process, and that the gas and liquid are only distinct stages of a long series of continuous physical changes.

——The Society for the Protection of Infants held an enthusiastic meeting at Paris, Jan. 23. Dr. Boudet, President, Dr. Mayer, Secretary. It has 973 members, and 327 medical inspectors. Dr. Linas urged the wide distribution of sound popular books on nursing, pregnancy, and the marital relations, as the most certain means to diminish infant mortality.

——It was Dr. Holmes, we believe, who said that easy-crying widows take new husbands soonest. There is nothing like wet weather for transplanting.

——There are now living in Maine the following brothers: Charles Lambert, living in Freeport, 96 years of age; James Lambert, Brunswick, 92 years of age; John Lambert, Skowhegan, 87 years of age; Daniel Lambert, Phillips, 81 years of age; Asa Lambert, Freeport, 79 years of age—all in good health.

MARRIED.

Denby—Hooper.—At the American Chapel, Rome, March 1, 1870, by the Rev. Robert Nevin, in the presence of the American Consul, Edwin R. Denby, Surgeon U. S. Navy, and Laura, daughter of the late John Hooper, Esq., of Philadelphia.

Mills—Struble.—March 17th at the residence of the bride's parents, by the Rev. P. B. Bonney, Dr. John J. Mills, of Stanhope, and Ella L., daughter of James H. Struble, Esq., in Banchville, N. J.

At the Continental Hotel, Phila., on the 27th Dec. 1869, by the Hon D. M. Fox, Mayor, Jos. B. Goodinough, M. D., of Turkey, Monmouth Co., and Miss C. Virginia Allen, daughter of Tylee Allen, of Point Pleasant, Ocean Co., New Jersey.

DIED.

Casey.—At Middletown Conn., March 26, Wm. B. Casey, M. D,, in the 55th year of his age.

Creigh.—March 13th in Carlisle, Pa., Mrs. Rachel Creigh, wife of Dr. William L. Creigh, deceased, formerly of Waynesburg, Pa., in the forty-ninth year of her age.

Pollock.—March 28th, Dr. Thomas Chalmers Pollock, only son of Dr. S. Pollock, of Williamsport, Pa., in the 37th year of his age.

Reid.—In this city March 23d, Dr. Neville C. Reid, aged 61 years.

Wilson.—in Christian county, Missouri, near Springfield, on the 29th of February last, of pneumonia, Mrs. Elizabeth Wilson, wife of Singleton C. Wilson, M. D., and daughter of the late Col. James Allen, of Shelbyville, Ky.

METEOROLOGY.

MAR.	21,	22,	23,	24,	25,	26,	27,
Wind.....	S. W.	N. W.	N. W.	N. W.	N. W.	S. W.	N. E.
Weather.	Cl'dy	Clear	Clear	Clear	Clear	Clear	Cl'dy
Depth Rain							1 8-10
Thermom....							
Minimum..	43°	35°	37°	39°	28°	29°	32°
At 8, A M.	42	46	40	34	35	35	40
At 12, M...	54	48	45	42	41	48	44
At 3, P. M.	53	49	46	41	40	47	43
Mean.....	48	44.50	42	39	36	39.75	39.75
Barometer..							
At 12, M...	30	30.1	30.2	30.2	30.2	30.2	29.7

Germantown, Pa. B. J. Leedom.

THE
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Original Department.

Communications.

OPTIC-NEURITIS AND PERI-NEURITIS AND THEIR CONNECTION WITH CEREBRAL DISEASES.

By Xavier Galezowski.

Docteur en Médecine de la Faculté de Paris; Laureat de la même Faculté; Professeur d' Ophthalmologié a l'école Pratique de la Faculté de Paris, Membre de Plusieurs Sociétés Savantes.

[Translated by S. FLEET SPEIR, M. D.,]
Surgeon to the Brooklyn City Hospital; Surgeon to the Brooklyn Eye and Ear Infirmary.

Ophthalmoscopic investigations are daily becoming more extensive, and their utility in the diagnosis of ocular, cerebral, and syphilitic affections cannot now be disputed. But one will be very much deceived if willing to admit with some authors, that the ophthalmoscope is sufficient of itself to resolve the difficult problems which arise in the diagnosis of cerebral diseases.

The alterations of the papilla may complete the series of phenomena which indicate certain diseases, and consequently facilitate the diagnosis, but these isolated signs cannot replace all the rational symptoms of diseases of the brain.

Cerberal diseases very often produce alterations in the ocular nerves; sometimes it is paralysis of the third or sixth pair which is developed either at the commencement, or during the progress of the disease—at other times, only changes in the form and size of the pupil are observed. MM. Baillarger, Calmeil and several other authors have very ustly remarked that inequality of the pupil is constantly noticed in general paralysis, and, what is more interesting to note, is that according to M. le Professeur Lasegue, the pupil of the left eye is in the majority of cases larger than that of the right.

The optic nerve is as frequently attacked in cerebral or cerebro-spinal diseases, as the other cranial nerves. Sometimes, indeed, the ophthalmoscope shows us a progressive atrophy of the papilla; at other times, on the contrary, it is hyperæmia and even inflammation of this nerve which is developed. In this latter case there is true optic neuritis which we here propose more especially to study.

This paper has for its object the advancement of correct ideas on the results of ophthalmoscopic investigations, and on the relations which exist between inflammations of the papilla and different diseases of the brain. This study is of still more importance, as it is the result of several years of research made in the hospitals of Paris—thanks to the obliging concurrence of the physicians in charge—who have kindly afforded me the opportunity of investigating this subject.

On the other hand, this paper is supported by observations gathered and published by different authors in France, Germany, England, and in Holland. Before undertaking the study of optic neuritis, we shall say a few words on the anatomy of the nerves and vessels which proceed directly from the brain.

I.—STRUCTURE OF THE OPTIC NERVE.

In its orbital passage, the optic nerve is covered with two sheaths—one external, which is a continuation of the dura-mater—and the other internal, which is constituted by the prolongation of the pia-mater. Between the external and internal sheath there is very little adhesion, being united by a loose celular tissue. The internal sheath is very closely united to the substance proper of the optic nerve, and after having constituted a general covering, sends prolongations into the interior of the nerve to form multiple partitions for

the isolated fibres, as well as for divers groups of these same fibres.

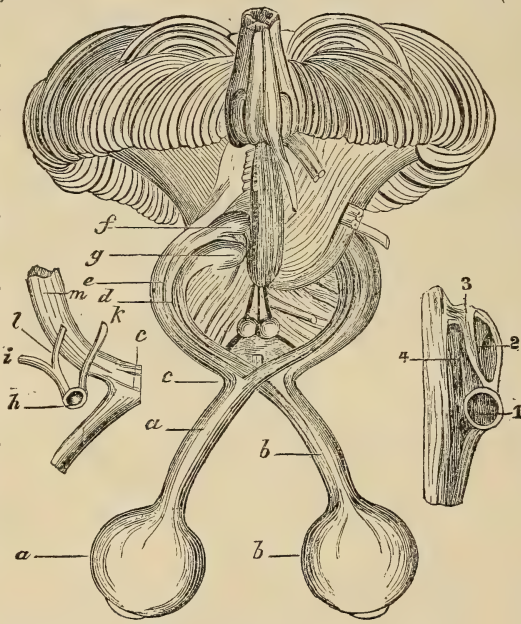
This internal sheath has been called by M. Robin, the périnèvre. The périnèvre is then constituted by the prolongation of the piamater, which carries with it a large number of capillary vessels. These capillaries are the nutritive vessels of the optic fascia of the chiasm as well as of the optic nerves. A large number of them extend as far as the papilla, and constitute upon its surface the cerebral or nutritive vessels of the papilla, as I have already shown in a paper addressed to the Académie des Sciences, 1865. It is these vessels which impress upon the papilla that characteristic roseate hue which is the first to disappear in atrophy of the papilla, due to brain disease.

We will now give the origin of these vessels—and their principal anastomoses:

1st. The chiasm receives several filiform branches which have no regular disposition.

2d. One quite large branch proceeding from the middle cerebral goes to the corresponding optic fascia; we call it the *anterior optic artery.*

3d. Four quite large vessels enter into the optic fascia at the level of the posterior border of the pedunccles and thus separate by a well defined line, the optic fascia from the corps genouille. We call these vessels the *middle optic arteries.*



(Fig. 1.) *a*, External fibres of the optic nerve; *b*, Internal fibres; *c*, Chiasm; *d*, *e*, Optic tract; *f*, Testes; *g*, Nates; *h*, Internal carotid; *i*, Middle cerebral artery; *k*, Posterior communicating artery; *l*, Anterior optic artery; *m*, Middle optic.—1, Centre of testes; 2, Gray substance of the nates; 3, White fibres; 4, Fibres of the processus cerebelli ad testes.

4th. One arterial branch enters the posterior border of the testes and is here distributed in the latter. This is the artery of the *testes or posterior optic artery.*

The researches of M. SAPPEY have fully confirmed the existence of cerebral or meningeal vessels in the optic nerve. M. FORT, in the last edition of his anatomy, also gives a description of these vessels. M. ALLBUTT, in dissecting this part of the brain, affirms that he has found, in the majority of cases, the same disposition of vessels which I have described, and it is only in a few cases that he has seen any other.

The nerve fibres of the optic nerves constitute the second and essential part of this nerve. They are very compact and formed in bundles or groups, and united together by the compact tissue of the envelope or covering.

It will be apparent, by this description, that the mass of cellular tissue of the envelope supplied with its vessels, is not of less importance than that of its nervous fibers. Inflammation or degeneration can consequently attack either of these isolated substances, or the entire structure of this nerve.

In the first case we will have what is properly called *optic-neuritis*, and in the second *peri-neuritis.*

II.—OPTIC NEURITIS (PROPERLY SO CALLED).

Inflammation of the optic nerve can only be recognized by the aid of the ophthalmoscope, and the symptoms assigned by the patient, as well as the external signs, *only* complete and confirm the diagnosis. Consequently, it is necessary to thoroughly understand the ophthalmoscopic signs of this disease, its different forms and stages, and to indicate the analogies or similarities which exist between this and other affections of the optic nerve and of the retina.

The optic nerve at its entrance into the eye forms a round or oval disc, the size of which varies according as it is examined with a lens of greater or less strength. Its surface is almost always at a level even of the retina; and it is only at the centre that a slight depression is found. That, M. SAPPEY very correctly calls *cupule centrale.* In the normal eye, the retina and the papilla are found at the main focus of the crystaline lens, and cannot be perceived by a simple illumination with the mirror. In the hypermetropic eye, on the contrary, the retina is found nearer the crystaline lens and in front of the main focus, which brings into view the papilla and its vessels by a simple illumination by the reflector.

In the case of optic neuritis the aspect of the papilla is entirely changed. It is very much swollen, and sometimes increased to twice or three times its normal size. Its surface is consequently thrown very far forward, and in approaching the crystalline lens it is perceptible by a simple illuminator with the reflector as in hypermetropia. The outlines of the normal papilla are very distinctly delineated in the midst of the red fundus of the eye. They are free, and often separated by a narrow pigmentary border. In optic neuritis the outlines of the infiltrated and swollen papilla appear very irregular, concealed by the serous exudations which give an irregular aspect to the optic disc itself. The papilla appears to have fringed edges. The color of the tumefied papilla is changed, sometimes it is very dull, of a whitish gray tint, at other times, on the contrary, it is red or whitish red; coalescing, however, with the color of the fundus of the eye, and from which it is only separated by an exudative patch. The vessels of the retina and of the optic nerve present more characteristic changes, in consequence of the swelling of the optic nerve; in its passage through the optic orifice there is produced a sort of strangulation: the arterial blood can only pass in small quantities, and the arteries become filiform. Sometimes they are perfectly white and exsanguinated; a case of this kind has come under the observation of M. le. Dr. GUNEAUD DE MUSSY, at the Hôtel Dieu. The veins become varicose and tortuous; in places they form black varices filled with blood. They are, at the same time, easily depressed, which causes allow them to be flattened at the point where they cross the arteries, and on each side of the artery true fibrinous coagula are apparent.

The cerebral vessels of the optic nerve—the existence of which on the papilla, I have already demonstrated, and which have been since confirmed by MM. SAPPEY and ALLBUTT—are also exceedingly engorged, principally in certain kinds of cerebral tumors.

Inflammation of the optic nerve is not usually followed by any alteration of the retina; this membrane retains its transparency. It is only in exceptional cases that there are more or less numerous sanguineous effusions—which may, or may not, be accompanied by white exudative spots. This is most apparent in perineuritis consecutive to meningitis. In 30 cases of optic neuritis—described by authors—there are not more than 8 instances of apoplexy of the retina which have been observed with the ophthalmoscope and verified by an autopsy. For my own part, I have not noticed it in cerebral tumors, and I always refer it to meningitis. In a case reported by myself, the effusions and neuritis were consecutive to a tumor of the nerve itself. The vitreous humor and the choroid are almost always intact, and it is syphilis alone which produces changes in them. In optic neuritis, M. SCHWEIGGER has observed some slight alterations of the choroid near the papilla after the disappearance of the tumefaction of the optic nerve. There had evidently been, atrophy of the choroid by the compression which the tumefied retina exercised on the adjoining choroid. It is plain however, that this alteration is of no practical importance.

Optic neuritis is accompanied by a considerable weakness of vision, the patients lose the power to distinguish far and near objects. They find it difficult, even at the commencement, to distinguish the character of the letters in No. 15 or 20 of the typographical scale. Often they loose their sight entirely.

The pupils are usually dilated and motionless. This dilatation is so decided that the iris is often only perceptible in the form of a small ring at the periphery of the cornea.

Both eyes are usually affected and the papilla of each eye presents the same appearance.

III.—PERI-NEURITIS AND NEURO-RETINITIS.

This form of inflammation differs but little from the preceding; all the signs of neuritis, described above, are less marked, the projection of the optic nerve is scarcely perceptible; the centre of the papilla is frequently congested and slightly covered with exudation. It is only at the periphery of the papilla that we find exudations, and these are often extended along the course of the vessels and to a considerable extent over the retina. The central vessels are less engorged. But the special characteristic of peri-neuritis is the simultaneous inflammation of a large extent of the retina: the peri-papillary exudation extends to a considerable distance from the border of the papilla. This exudation has a circular form and we often find extravasations of blood on its circumference.

We met with a case of this kind at the clinic of M. le Professeur Béhier, in a young woman who was attacked with a severe cere-

bral affection, accompanied with pain in the head, convulsions, loss of memory, and a considerable weakness of vision. The ophthalmoscopic examinations made in the presence of M. Béhier and his chêf de clinique, M. Baumezt, showed the existence of a peri-neuritis or double neuro-retinitis—and numerous points of extravasation of blood—situated especially at the verge of the retinal exudation. This condition disappeared almost entirely under the influence of anti-syphilitic treatment, and the sight returned in a great measure, more especially in one eye.

In peri-neuritis the pupils dilate imperfectly contrary to what occurs in the preceding form. Thus, in the case of a patient of M. le Professeur Laségue, who was attacked by violent pain in the head, vomiting, and fever, we found inflammation of the optic nerves under the form of peri-neuritis; but the pupils were so contracted that it was necessary to dilate them with atropine before the ophthalmoscopic examination.

In optic peri-neuritis, affection of the sight is never so marked as in optic neuritis, properly so called, and there is in this an additional sign for the differential diagnosis of these two affections. We can readily understand that the inflammation gaining the nervous fibres would lead to a loss of sight very rapidly, or progressively, whilst in inflammation of the tissue of the envelope, the fibres, although compressed, are not destroyed, and the function of the transmission of the light may continue.

According to M. Graefe, there are two forms of neuro-retinitis; one is characterized especially by a veinous stasis in the pupil, by an intense redness, a distinct prominence, and frequently, also, by hemorrhage, while, in the other form, the swelling and the redness of the papilla are less intense, but the opacity of the tissue is more decided and more extensive, and passes from the internal layers of the retina to the middle and external. This last, according to M. Graefe, is neuritis extending the length of the nerve, while, in the first form, the alteration is limited to the intra-ocular termination of the optic nerve, and does not extend to the extra-ocular portion.

This interpretation does not appear to us to be altogether exact—and it will remain in all probability in the domain of hypothesis, as it has been stated by M. Graefe.

It seems to us difficult to admit that an inflammation of the optic nerve can be limited to the surface of the papilla without the optic nerve participating in the inflammation to a greater or less extent, such neuritis being caused by cerebral or orbital affections, or by a tumor of the brain—a meningitis—a cyst of the orbit—or idiopathic inflammation; a portion of the optic nerve will always be affected.

M. Allbutt also recognizes the two forms of neuritis which we have described; but he describes besides, a third form of inflammation, which he calls chronic neuritis. It ordinarily precedes certain forms of atrophy of the papilla, and is accompanied by a diminution of volume of the arteries and an engorgement of the veins. The optic nerve presenting a slight resistance to pressure, becomes atrophied. This affection exists in atheromatous disease of the vessels of the brain—but we class it usually with atrophy of the papilla.

In the description of optic neuritis, a great advantage will be gained if we can establish what are the different varieties of neuritis which we may encounter—according to their causes—and to indicate, if possible, the differential diagnosis of each. The following are the varieties, which we think ought to be recognized: Cerebral optic neuritis; orbital optic neuritis; syphilitic optic neuritis; rheumatic optic neuritis; and hysterical neuritis.

IV.—PROGRESS, DURATION, AND TERMINATION.

The progress of optic neuritis depends, in general, upon the cause of the disease. It is progressive and leads to an alteration of the optic fibres, which become more and more serious when it is consecutive to a tumor, and the pressure which is produced in the openings through the sclerotic, causing atrophy of its fibres and vessels, producing in time, atrophy of the papilla.

But this atrophy of the papilla resembles in nothing the progressive atrophy observed, for example, in locomotor ataxia. The papilla, which was infiltrated and swollen for a time, and the contour of which was lost in an exudation, cannot become atrophied without leaving a trace of this peri-papillary exudation. We were the first to show that "the serous infiltration or œdema of the papilla leaves traces by which we may recognize that the atrophy of the papilla was preceded by this œdema, which was caused by an acute cerebritis, a hemorrhage, or some other similar cause

which no longer exists." To these signs of infiltration, and of the irregular contour, I added later the varicose disposition of the vessels, either with or without increase in size.

It is very important to be acquainted with these signs; they show us the nature of the affection of the nerve or of the cerebal disease which has preceded the atrophy. German authors participate in these views, and M. Graefe says also in his last memoir on neuro-retinitis, that atrophy of the papilla after neuritis may be distinguished for a long time afterwards, from the simple atrophy which we meet with in cerebro-spinal amaurosis.

Optic-neuritis and peri-neuritis progress in a manner entirely different from either simple or tubercular basilar meningitis.

The inflammation does not always remain concentrated to the same degree in the portion of the meninges which surrounds the chiasm; it is often carried from this point to another part of the meninges, and then the swelling of the nerves subsides, the exudations are absorbed, the papilla recovers, in part, its transparency, and the nerves again perform their functions. The infiltration may even disappear entirely, and the sight be restored, as it happened during the past year to a patient under the care of M. Lasègue, who had double optic neuritis and from which she recovered entirely, but even in these fortunate cases, their remains a whitish coloration of the papilla and a tortuous and sinuous condition of the vessels; some times the retina around retains a slightly opaline tint, the sign of preceding infiltration.

It will be seen by this exposé, that the prognosis in this disease is not always the same; it varies according to the nature of the inflammation and the cause which has produced it. The termination is often very unfavorable in children; it is then due to tubercular meningitis. But every case of tubercular meningitis does not give rise to optic neuritis. We have seen with M. le Docteur BARTHEZ, at the hospital Sainte Eugénie, a large number of children affected with meningitis, who presented no sign of affection of the papilla. In the case of older patients, it is usually a tumor which is the cause of the neuritis, and consequently causes not only loss of sight, but death.

But there are also cases of hysterical neuritis which may recover without leaving any trace of the disease. We saw a case of this kind under the care of M. le Dr. RÉMOND. The double optic neuritis of this patient was cured entirely—being only the expression of hysterical phenomena.

(TO BE CONTINUED.)

CALABAR BEAN IN TRAUMATIC TETANUS.

By J. T. ROTHROCK, M. D.,

Of Agricultural College, Penna.

During the last two years there have been published *in extenso* in the MEDICAL AND SURGICAL REPORTER, and in the HALF-YEARLY COMPENDIUM, of the same editors, thirteen cases of the above affection in which the calabar bean was used. Others are reported, but not in sufficient detail to serve for an analysis. From so small a number no *certain rule* of practice can be deduced. But as the remedy is yet *sub judice*, it will not be amiss to sum up the results. I regret that I have not at hand more material on which to work.

Of these cases, all were males, the reason being obvious to every one. Six resulted in recovery, and seven in death. The ages of those recovering were nine, twelve, fourteen, and three simply stated as adults; and of those with unfortunate termination, nine, twelve, fourteen, two of twenty-five, twenty-eight, and thirty-eight. Though usually stated (and in the main with truth, perhaps,) that a larger proportion of children recover than of adults, such a conclusion is not indicated by the above facts.

In the cases under twenty years of age, tetanus supervened at periods varying between the second and fourteenth day after the injury; in those over twenty it appeared between the seventh and fourteenth day. In the cured the attack came on from the eighth to the sixteenth day; in those not cured, from the second to the fourteenth. In all, without regard to result, it ranged *mostly* between the seventh and the fourteenth, there being one on the second day, and one on the sixteenth.

The duration of the attack in those under twenty years of age was from three to twenty-seven days (two only being alive twenty days); it lasted in those over twenty, from three to twenty-four days. The absolute figures show no connection between the age of the sufferer and duration of the malady. The relation between the death and duration of the tetanus establishes the truth (known since the time of Hippocrates), that those dying, go early, and that the more chronic cases tend to recovery.

Five of the six survivors were treated with the bean alone, and the remaining one by it in combination with opium, in which case, the

benefit seemed more due to the opium than to the physostigma, for, on withholding it, the patient became worse, and in renewing it he improved. Four of the fatal cases had the bean alone, one used it with an opiate and two with cannabis indica. *In all more or less constitutional effect was produced in relaxing the tension, unless one can be excepted in which this effect was exceedingly slight.* Three of the recoveries were marked by prompt relief of the distressing symptoms, and in three the improvement was more gradual. In the fatal cases the temporary amelioration came promptly in but two.

Mode of administration apparently did not affect the result, though for obvious reasons the hypodermic method should always be used. Everything considered, the extract appeared more certain in its action than the tincture. *So far as mere drugs were concerned,* four of the six recoveries seem directly attributable to the Calabar bean; one to the opiate, and one about which there is doubt. In four of those with fatal termination, temporary benefit was with hardly a doubt derived from the bean. The three others having an opiate and Cannabis Indica in combination with it leave uncertainty in deciding how much good was done by the Physostigma.

Here a remarkable coincidence, (to say the least) appears:—out of the *six successful cases, four were decidedly stimulated and supported,* one moderately, and one not stated. Out of the unsuccessful, only one was largely stimulated, four moderately, one not stated, and one more in whom stimulant enemata were used but not retained. So striking a contrast between stimulation and cure, and mere stimulation and death can hardly escape notice. It calls up most forcibly such teachings as these:—"In all cases, there being no special indications to the contrary, I should be more disposed to administer wine in large quantities and nutriment, than any particular drug."—*Watson.* "For my part, I should certainly be more disposed to trust to alcohol than to any drug; but in saying this, I do not say I should place no confidence in drugs."—*Radcliffe in Reynolds' System of Medicine.* "In two cases which I have seen recover, opium and brandy were the remedies used."—*Hartshorne.* "The treatment of tetanus by different methods, has proved unsuccessful in a large proportion of cases. Among the remedies which have seemed to be sometimes successful, are, opium given in large doses, alcoholic stimulants, carried to the extent of producing intoxication, and the inhalation of chloroform."—*Flint.* "When much exhaustion exists, brandy, wine, and a generous diet are indicated along with quinine and other corroborants."—*Gross.* "Tetanus has also been successfully treated with wine." In one of the cases of cure reported by Mr. Curling, in his work on tetanus, brandy and porter were used, besides large quantities of wine. A similar result was obtained by Mr. Stapleton, with large doses of alcohol, and by Mr. Ilott with wine and brandy as the chief remedies."—*Stillé.*

In a number of cases relaxation of the spasm following the administration of the bean was followed by sleep, in one case of several hours duration, a most important adjuvant. Coincident with this, was, in most instances, a lowering of the pulse in frequency. One patient was made somewhat delirious by the medicine. In my experiments on cats, with the bean, I have observed a temporary madness, followed almost instantaneously by a natural mental calm.

Contraction of the pupil was observed in only five patients, even after liberal use of the remedy. Dr. Eben. Watson has remarked, "if this (contraction of the pupil) were a constant, or even common phenomenon, it would be an extremely valuable guide in giving the bean, but the effect on the pupil is *not often seen,* unless the bean is applied to the eye itself." Experiments have given me a remarkable verification of this statement. In a cat thoroughly under the influence of this drug, I observed a *dilatation of the pupils,* until I applied to one eye a few drops of the tincture, when it contracted, the other remaining as before. *This dilatation* may be questioned, *but after making the observation* I was gratified to hear that M. Bourneville had noticed the same thing before me. His statement is in the *Half-Yearly Compendium,* Number 5, January, 1870.

Hence the eye cannot be relied upon as indicating to what extent we may push this remedy.

Even after having procured a genuine article of the calabar bean, it may be found to act less vigorously than was expected. This may be due to the fact that some variation is known to exist in the strength of the physostigma. "The little, dark-colored, much-twisted beans

being the most virulent." From these facts it is difficult to indicate a suitable dose to begin with. Half a grain by the mouth and the fourth of a grain by the hypodermic method, will perhaps be safe in all adult cases. Individual susceptibility will also influence the effect, as is clearly manifest from accounts we have of its action on the negroes, by whom it is taken as a crucial test of innocence. On the authority of Dr. H. C. Wood, Jr., in his edition of *Pereira's Materia Medica*, "the minimum quantity which will cause death is not known; twelve grains of the kernel have produced alarming symptoms, and fifteen of the beans have caused death in an hour." It seems more than likely that some of it, administered in large doses in the cases I have examined, was the product of the milder kind of bean, or perhaps was a comparatively worthless article.

My own observations, as well as those of others, have shown a need of great caution being exercised in its administration, lest we produce a cumulative effect that will overwhelm the patient. Operating upon a full-sized, healthy cat, I injected gtt. v of the tincture, under the skin, ten minutes later gtt. v, twenty minutes later gtt. x, twenty-five minutes later gtt. x, with no other symptoms than a slight reduction of the heart's impulse, some difficulty in breathing, very faint general twitchings, and some nausea. Then in fifty-five minutes the animal had taken, hypodermically, gtt. xxx, and no alarming toxic effects were visible (indeed the effects seemed to be passing away). After waiting somewhat over an hour, I again injected gtt. x. This almost immediately threw her into general convulsive twitchings of a most marked character, which soon passed into paralysis of the hinder extremities, afterwards of the entire body, followed by perfect collapse with profuse salivation, and eventuating in death in another hour. Here the results were so out of all proportion to the last dose, as to indicate clearly a cumulative action.

On the other hand, a suspension of the medicine on relaxation of the spasm, may be equally fatal. In one at least of the seven fatal cases, it resulted in a disastrous return of the attack. And in a number of those cured, the spasmodic tendency only wore itself out very gradually under a continued exhibition of the bean.

It is safe, we think, to infer from the facts before us, that if *no improvement* is manifest after thirty-six to forty-eight hours fair trial with this remedy, we may as well abandon it.

In the event of poisoning from too heroic use of Physostigma in tetanus, we can have recourse to stimulation and hypodermic injections of strychnia, though extreme care must be exercised, lest the antidote provoke a return of the spasm. M. Bourneville asserts that atropine antagonizes the bean, and supports his statement by the fact that in six guinea-pigs, injecting with the bean and atropine, the animals did not succumb, though three days later *injecting the same dose* of the bean alone into the surviving animals, *all died*. My own experiments with strychnia versus Physostigma, have convinced me that an antagonism does exist. It is but fair to add that in a few of these cases, (some terminating favorably), the bean was used as a *dernier* resort, after other approved means had failed.

The results of this examination are less favorable than were hoped for, and if the unreported failures could be gathered together (cures *usually* are, and deaths *seldom* reported), it is highly probable that the proportion of recoveries would be still more reduced. Still, even the failures give good ground of encouragement, for in most of them we may claim some benefit due to the bean. Greater experience and a better article of the drug may give more permanent results in future.

To sum up them, we have out of thirteen cases of traumatic tetanus four recoveries in which this fortunate event seemed directly due to the administration of the calabar bean. In all the others we are probably justified in allowing it an anti-spasmodic effect. There seems to be a necessity for liberal stimulating and sustaining treatment along with the bean. The pupil is not to be taken as a guide in the administration of the drug, for in more than half the cases it does not contract, even when the system is under the control of the physostigma. Guard against its cumulative effects; but on the other hand, maintain the constitutional effects as far as is consistent with safety. In the event of administering an over dose, resort to stimulants, of hypodermic injections of strychnia, or of atropine.

If, along with stimulants, the proper treatment of the wound, if still open, and the meeting of symptoms by appropriate general treatment the calabar bean can sustain even the proportion of cures we have attributed to it, a great advance will have been made.

Hospital Reports.

PHILADELPHIA HOSPITAL.

March 23, 1870.

By F. F. Maury, M. D.

One of the Surgeons of the Philadelphia Hospital
Lecturer on Cutaneous and Venereal Diseases in
the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Gentlemen:—I have here a case of enlarged testicle. The man denies all syphilitic history, has had no sore throat, rheumatism, etc. His testicle commenced to swell thirteen weeks ago. He is 30 years old, and has lost flesh. There is pain in the part, and it is greatest at night. What condition does he labor under? Is it encephaloid, scirrhus, sarcocele, simple orchitis or scrofulous degeneration and enlargement? Let me explain briefly to you the chief characteristics of some of these affections.

Sarcocele,

From two Greek words signifying a fleshy tumor, is a common result of syphilis. It may come from more specific causes. Prof. Gross classifies sarcocele under the head of chronic orchitis. In a testicle thus affected, a section reveals a dense fibrous texture, of a reddish or brownish color, interspersed with small cells. Syphilitic sarcocele commences as an interstitial inflammation and deposit. It rarely begins in the dartos scroti or proper covering of the testicle. Its pathology is that of the formation of a gummy tumor in any part of the body. It is an affection that has claimed great attention. On the one hand Ricord says it can always be reduced, while on the other hand, others say it is only amenable to the knife. Ricord has not struck a happy medium in his assertion: he goes too far. All diseases of syphilitic origin in other parts of the body are not uniformly amenable to treatment; why then in this particular part?

We may have

Scrofulous Atrophy, or Degeneration of the Testicle.

The case before you, in its external features, resembles this affection. I am unable to say whether the present case is specific or not, but my knife shall reveal my diagnosis. If the affection were encephaloid, there should be larger growth and greater glandular involvement.

Scirrhus of the Testicle

occurs late in life. It begins in the body of the gland and is slow in its progress. The tumor is hard, lobulated, and misshapen, and acquires not the growth of the one before you. The countenance assumes the appearance denoted of cancerous cachexia, and the spermatic cord and lymphatics become involved. The latter appearances are absent in this case, and we will, therefore, exclude scirrhus from our diagnosis. Traumatic orchitis may produce a testicle, to all outward appearances, similar to the one before us. Whatever the affection may be, I am confident it requires for its relief, removal of the testicle. When removed, a section of the tumor will doubtless reveal a yellowish, curdy, and cheese-like substance, the result of the scrofulous degeneration to which I have already alluded. To give my patient every chance, however, I first make an exploratory incision. The result is as I predicted. You see issuing from the internal structure of the affected gland, the thick, yellowish, cheesy mass, so characteristic of scrofulous degeneration. Structural change having destroyed the function of the testicle, I will remove it. Its loss will not incapacitate the man from performing marital relations, as has been repeatedly demonstrated. (Dr. Maury, supporting the tumor with his left hand, by a single incision along its anterior surface, divided all its coverings. The tumor was then partly enucleated and partly dissected out, but before detaching it from the spermatic cord, a stout ligature was thrown around the latter and firmly tied. The enlarged testicle was then detached from the cord and entirely removed. This, as with other specimens, was passed through the class for their due inspection. R. M. T.) If this be not the result of syphilis or scrofula, it is encephaloid. The involvement of tissue immediately surrounding the diseased gland, its black and decidedly unhealthy appearance, are the causes of my suspicion. If the affection should return, no further evidence would be wanting. All this diseased structure, you see, I carefully trim away. It does not bleed, which is not generally the case with the dartos, as it is a very vascular structure. You saw how securely and firmly I ligated the cord, and this you should always do before detaching the testicle. If you do not, it will slip back within the abdominal ring, and be difficult to recover, and occasion much hemorrhage. I carefully pare the edges of the scrotum and bring them together with pins, similar to the procedure in operations for hare-lip. Passing a thread elliptically and like the figure 8, evenly and firmly approximates the edges. I use three pins, and at the upper portion of the wound, over the cord, will introduce an interrupted suture. In ligating the cord, if you use a wire, let it be of silver. After tightly tying, twist the free ends, cut off close, and let cord and ligature slip back into the inguinal canal. The small lap of wire that comes away, will do no harm. If you use a silk ligature, only cut off one end close, and let the other protrude from the external wound.

Iritis.

This girl, aged 19 years, has been in the Hospital five months. She came in with primary syphilis, and has gone through all its gradations. She now labors under a secondary affection, viz.: iritis.

Iritis is a general ophthalmitis in which conjunctiva, cornea, sclerotie, choroid, iris, and sometimes retina, are all affected. It is a more constant attendant upon lichen than upon any other skin eruption. This girl has upon her face the eruption often attendant upon the the free internal use of potassium. She may have three forms of iritis, (1) simple, (2) rheumatic, and (3) specific. The latter may be distinguished from both the former by the history of the case. The most intense pain characterizes rheumatic iritis, though in the simple form there are often great pain and photophobia. In specific iritis we have the least pain, but what exists is always aggravated at night. Photophobia, an attendant of both the other forms of iritis, is often absent in the specific variety.

This affection is called iritis on account of its peculiar action on the muscular curtain of the eye. The iris is composed of fibrous stroma, muscular fibres, and pigment cells. The muscular fibre is involuntary, and consists of circular and radiating fibres. The latter enlarge and the former contract the orifice of the pupil. Belladonna and its alkaloid atropia act to enlarge the pupil, while opiates contract it. But the first named remedies do not expand, or the latter named contract the pupil, under all circumstances. When lymph, as a product of inflammation, is thrown out as an interstitial deposit, it prevents the action of the muscular cells of the iris. So your remedies, mydriatics, so-called to be of avail, must be applied at the proper time. If used too early, they dilate the pupil, and the coming inflammation will splint and keep it so dilated. Used too late, they are of no use whatever. If you are called to a case in its infancy, treat it as any inflammation. Exclude your patient from the light, stimuli, and salt food. Give antiphlogistic remedies. Do not use mercury when the patient is broken down, but use it when applicable, for it controls serous effusions. It has a specific action on such membranes as that of Demoor, which lines the aqueous chamber of the eye. Give one to two grains of calomel three or four times daily; continue with from $\frac{1}{4}$ to $\frac{1}{2}$ gr. of opium, to prevent its running off by the bowels. Give a dose of castor oil every two or three days, to remove the collected bile, etc.

Williams, of Boston, proposes potassium as a specific for iritis. Another proposes turpentine. No one treatment, however, will apply to all the cases. Symptoms are so modified that we must modify the treatment to suit the modificatlons of the symptoms.

Topically, use atropia in solution; a grain to the ounce of water will generally prove of sufficient strength. A good formula is

R.	Atropiæ sulph.,	gr. j.	
	Zinci sulph.,	gr. ij.	
	Aquæ rosæ,	f℥j	M.

S.—To be dropped in the eye as required.

A fly blister or chromic acid may be used as counter irritants to the temple. Use the atropia till sufficient dilatation of the pupil is obtained. Be careful of strong solutions. A four grain solution of atropia I have seen occasion nervous chill, and tremors. Hot, cold, or tepid water may be applied to the eye, as shall prove most agreeable.

Precocious Prostitution.

The patient now before you, a child in years, as well as looks, only 17 years of age, one of my residents informs me, has symptoms of chancre of the uterus. She has been in the hospital two weeks. My examination of this girl did not reveal a chancre. I have never seen but five or six chancres located on the os uteri. I found her with abundant gonorrhœal discharge. She is emaciated and broken down. I find cloasma on her breast and arms. She makes different statements as to her condition. She is hectic, has cough, and is probably suffering from syphilis engrafted on tubercular disease. When I was a resident here, a respectable looking woman came to me one day and said, "Doctor, I bring my daughter here, she has been acting badly." The girl was not developed; was 13 or 14 years old, and was suffering both from chancre and gonorrhœa. Two days after the mother again came, this time herself a patient and suffering with chancre. Going in the ward the day afterward, I found the mother and child occupying adjoining cots. The impression then and there made upon me has never been erased. I have seen many similar cases since. Look at this girl, young, delicate, ruined forever! Her future is shame and the hospital. Her usefulness is gone, and the foulest disease has perpetual hold upon her. There is more than individual treatment in this case gentlemen.

Think you that when Ricord sat at the banquet tendered him by the prostitutes and grisettes of Paris, that aught but satisfaction filled him when he remembered that his efforts at legalizing prostitution had reduced syphilis from ninety to thirty per cent.? And as you look at the case before you, does not the question naturally arise, what can I do to better such a condition of things. If we must have an evil like prostitution, is it not better to encircle it with such laws as shall protect both men and women? The advocacy of such a scheme will call down upon you the denunciation of press, and pulpit, and people. But with this case for a preface, think out for yourselves the remaining chapters of the volume whose pages shall stay the growing evil that threatens to envelop us. Regardless of ridicule, reproach, and denunciation, dare to do that which you think is right. It is the open question for you to decide whether gambling and drinking and prostitution shall grow to rank and riot in the shade, or whether dragged to the light, they shall be pruned and weeded, and if endured, be endured in the least objectionable form.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Reported by J. W. P. Bates, M. D.

Apoplexy.

Dr. Williams.—There are are many definitions of the term apoplexy; but a true definition is difficult to give, and it is usually defined by an enumeration of its prominent symptoms; as coma produced suddenly by an effusion of blood or serum, paralysis, general or local, and followed by fever. It has many and various causes, and cases are frequently termed apoplectic which are not so in reality. Several modern writers say that apoplexy is a rare disease, and Trousseau goes so far as to assert that he has never seen a case of genuine apoplexy. This is overstating the case, for all who have much experience have seen true cases of this disease. We have all seen these sudden strokes in which neither sense nor volition remained. The patient may have just eaten a hearty meal, or in other cases, the condition seems to be that of perfect health, and all at once receives a sudden stroke and expires in spite of our endeavors to relieve. I knew a lawyer who was actively engaged in pleading a case at court, who was suddenly seized, and died in forty minutes. Trousseau says the common mode of attack is a gradual numbness developing in the parts involved accompanied by stertor, There are several diseases which might be confounded with apoplexy, among which is drunkenness. This may be distinguished by the breath, the stertor, and the pupil. The relaxation of drunkenness is more complete, and the pulse more rapid. We may also confound it with poisoning, (especially by opium); epilepsy and sun-stroke; all of which have some resemblance to the disease under discussion, and regarding all of which it is essential that we should be on our guard as to the treatment which might be useful in one of those diseases, or even fatal in this.

In opium poisoning, the action of the heart, lungs, and pupil are different. The pupils are contracted, heart is natural, and the lungs more impeded. I was called to see a woman at the Howard House soon after I began practice. She breathed slowly, and her pupils were natural. I acted on the supposition of opium poisoning, and was gratified to find my supposition correct, and my efforts successful. Epilepsy may often be diagnosed, by learning that the patient is subject to that disease, by withholding our opinion for a short time, as the coma of epilepsy is soon over, together with the different appearance of the patient, as foaming at the mouth, biting the tongue, &c. Sun-stroke may usually be excluded by attention to the season and other influences surrounding the patient at the time of seizure. The causes of apoplexy are predisposing and exciting, or direct and hereditary. Old age, which brings with it an atheromatous condition of the arteries, is a frequent cause of their rupture and the effusion which ensues. It is apt to accompany softening of the brain, sometimes preceding, at other times succeeding it. A lady had undoubted softening of the brain last Aug. and was lately (seven months after) paralyzed. Embolism may also give rise to apoplexy. The exciting causes are many. Violent exertion, straining, excessive cold, gormandizing, and by reflex action, external cold after a hearty meal, may all act as causes. I knew a Doctor who ate very heartliy at night and soon afterwards exposed himself to intense cold, which seemed to be the undoubted cause of a slight attack of apoplexy which came on soon afterwards, and was relieved by a prompt emetic.

Our prognosis in so dangerous a disease must necessarily be guarded in all cases, for some which are slight at first march on to a fatal issue, and others which are very bad at first, get better, or even well. So much are we in the dark in regard to the result, that it is prudent to give very guarded answers to the questions of the friends.

Treatment.—Many now abandon the old habit of blood-letting. Trousseau and Todd neither bleed in the primary attacks nor the secondary fever. I believe judicious bleeding to be useful in many cases. Trousseau says the damage is done before we are called, that bleeding cannot remove the already formed clot, nor influence it; but I contend that it may control further hemorrhage, and I should invariably bleed where I found a full face, flushed with engorgement, and a full pulse. I would bleed for two reasons: to weaken the force of the blood against the clot, and to prevent excessive reaction. But where the patient is pale, weak, and has an irritable, soft pulse, I refrain from bleeding, even though the bystanders do urge that the fathers of the profession always bleed. If we act from actually existing circumstances, in each case, we do better than by following any exclusive dogma. Next to bleeding is active purging, which we find to be much in vogue even among the opponents of the lancet. This relieves the bowels from ingesta, and also acts both as a direct and indirect active depletory measure. Emetics are of great use when indicated, as is sometimes the case, when excessive cold, &c., has stopped digestion and induced the attack.

Dr. Uhler.—In regard to bleeding, I wish to touch upon one or two practical points. Let us inquire what is the effect of bleeding upon the blood. When we bleed we deprive the blood of its fibrin, which is the very element we depend on for the formation of the clot, which is to prevent further hemorrhage. What good do we do the man by bleeding him? If Bennett is right we have blood effused more copiously. My plan is to keep the patient quiet to prevent further effusion, and to allow

the clot to form, which is far more rational and successful than bleeding. Also by bleeding we increase the frequency of the heart's action in greater proportion than we reduce its force, so we gain nothing by reducing its force of stroke one-third, if we double the frequency of the beats.

Dr. WILLIAMS.—Dr. Uhler's objection is more imaginary than real. The clot is outside the circulation, and bleeding cannot effect its constituent parts, but only assists in keeping it from being disturbed whilst undergoing the process of sealing up the solution of continuity. Some apoplectic conditions have no clot, and in them bleeding does not, of course, interfere with the clot, but may unload congested parts and prevent effusion. Besides, we cannot tell the true apoplectic from the apoplectic condition, in both of which conditions, in certain patients, bleeding could not fail to do good, more especially in the cases of so called serous apoplexy. The bleeding produces a rapid absorption of the serum. In some conditions I have found verat. viride very useful to quiet the patient.

Chloroform.

DR. WILLIAMS.—As a therapeutic agent, chloroform is an important subject. I was originally taught that it was a sedative; that it acts by depressing the powers of life. ANSTIE terms it a stimulant, ranking it with alcohol, &c. WOOD and BACHE, DUNGLISON, and STILLÉ denominate it a sedative both internally and by inhalation. Again, I have never noted so much risk from its proper use, in cases where there is disease of the heart and lungs. I never let the reputed danger deter me from its use when otherwise indicated. I do not always succeed in producing the usual anæsthetic condition. I have applied it successfully to ligate hemorrhoids, and in a few days attempted to repeat it and found it impossible to bring the man under its influence, in consequence of his pulse and breathing. It is improper and dangerous to attempt to give chloroform, and conduct a delivery at the same time, for the physician cannot do his duty by supporting the perineum, &c., at the close of the labor, and at the same time give proper attention to the breathing, pulse, &c. In labor, chloroform quickens delivery if we only give a sufficient quantity to relax the uterus, but carried to the full point it undoubtedly prolongs labor by producing inertia. This should be guarded against, especially after the head descends, or sloughing of the soft parts may be induced. Six hours is deemed sufficient to engender this condition. I have never known this inertia to occur when only the relaxing effect of chloroform was sought. In puerperal mania, I have given it continuously so as to keep the patient asleep for thirty-six hours, after which she would awake perfectly restored. In eclampsia it is extremely useful, and has given me complete satisfaction. It also acts well in asthma, pertussis, and singultus.

Dr. STEIN.—I remember using chloroform in an operation for strabismus. The patient was a woman, æt. 16, and all seemed to be going on well, when suddenly respiration ceased, and it required vigorous artificial respiration to restore her. None of the agents had been given during the three minutes previous to respiration ceasing, and to me this accident remains a mystery.

Dr. HOWARD.—I think chloroform should be termed a stimulant. It is an excellent remedy in delirium tremens, also for shock following injuries. This shock is of two kinds—the moral shock and the direct physical depression. In cases of injury, I am opposed to waiting until the shock has passed off, but I give the chloroform and commence operating at once, and I generally find reaction begin, and the pulse rally with the first inhalation. As to the danger from chloroform in heart and lung diseases, I find it extremely exaggerated, and have learned to believe that it makes no difference if caution is exercised in administration. On one occasion the patient, after taking 12 or 15 inspirations, ceased to breathe, and the pulse stopped, but artificial respiration soon revived him. We changed the bottle for another, and completed the operation without further difficulty. I think the cause of these accidents is some impurity in the chloroform. I have several times seen a bottle act in the same unpleasant way on a large number of patients.

DR. STEIN.—In regard to classing this agent among the stimulants, I have tried it on myself, and found its after-effect similar to those of alcohol.

Dr. MAUGHLIN.—I remember the case of a negro woman who had received a compound comminuted fracture near the ankle joint. She was conveyed to the Bay View, and chloroform administered previous to amputation. After administering ʒss, respiration suddenly ceased, and all efforts failed to restore her.

Dr. HOWARD.—There is a great difference in the respiration ceasing, or when the tongue only falls back, for we can draw it forward, but if the muscles of respiration are paralyzed, we can do but little.

Dr. FAY.—I like chloroform better than ether, because it does not so frequently produce headache, nausea, or vomiting, and is safer. After injuries, I usually give it as soon as possible without regard to shock. On one occasion I had a patient put on the table for an operation on his hand. One assistant gave the chloroform while another watched the pulse. The heart stopped suddenly, and the man died apparently without a cause. In another case the pulse stopped similarly, and but for artificial respiration would never have returned. In obstetrics chloroform will bring the pains to the normal standard if they be irregular.

Dr. NOEL. The tenth pair or pneumogastric nerve

supplies both lungs and heart, so if one is paralyzed the other would be also.

Dr. TANEYHILL. I think the cause of bad effects is that some surgeons give it too rapidly thus speedily saturating or injecting the tissues. I have found it to be an excellent remedy in delirium tremens. To settle the question of its danger, it would be necessary to inquire whether the mortality from operations has been increased. Some in Europe and this country think the proportion has been greater, and I am inclined to the same opinion.

Dr. NOEL. The statistics should be very carefully selected as operations have been greatly multiplied since the introduction of chloroform, and many cases are now operated on which were formerly considered necessarily fatal, and no attempt made to relieve them. Internally I have found this to be an excellent remedy in delirium tremens, spasmodic colic, and in the passage of gall stones I have given ℥j every two hours.

Dr. WILLIAMS. I have found it good in acute mania. Squibb's is the only make fit for inhalation. I think the subject of mortality is of little moment in considering its use in cases where it is positively required. I find that by giving it in milk it does not strangle the patient as it is apt to do in any other menstruum.

Dr. NOEL. I think the poisoning of the muscular walls of the heart and chest the efficient cause of the cessation of respiration in these cases, and it is retained carbonic acid which causes the poisoning.

Dr TANEYHILL. Speaking of the mortality, Druitt says it has been doubled since the introduction of chloroform: Arnott and Fenwick coincide in this statement. Coates, of Salisbury, says it has decreased.

EDITORIAL DEPARTMENT.

PERISCOPE.

Mental Fitness of Will-Making.

Dr. SHRADY, in the *Medical Gazette*, says: In cases of mania, if the faculties be all disordered, the will will be void—if only a single faculty, as in monomania, it is not fully settled what the result would be. Weight ought perhaps to be given to the suggestion that monomania is only the incipient manifestation of a disorder which will disturb all the mental powers; at all events, it is settled that, should the delusion affect the very subject matter of the will, then the instrument is void.

The most difficult cases occur when the mind is impaired by disease or old age. The questions arising in these cases are the more troublesome, because mental diseases are generally slow and gradual—the outward appearance of the diseased person does not change; and, although the mind is weakened, the memory of the past is unimpaired. The great test of capacity is an examination of the judgment and the strength of the will; and to inquire whether the sensibilities are unnaturally affected. Thus, if a testator makes an unnatural will; or cannot count money, and readily submits to the dictation of others, and abandons to them the management of his property; or if he weeps without adequate cause, the inference may well be drawn that his mind is impaired, according to the presence or absence of these appearances.

Deafness will also be important to repel any presumption that he may have heard the will read to him. The above facts may not prove a total loss of intellect, but may only show that however greatly it is impaired, capacity to make a will may still exist, if the testator is left to himself. If, however, there be any suspicious circumstances attending the execution of the will, showing attempts to practise on the testator's weakness, then it will be void, unless satisfactory explanation is given to the court. Some of these suspicious circumstances are, that the will is in the handwriting of the principal legatee, and that such legatee holds a fiduciary relation to the testator. Another suspicious circumstance is, that the will has been concealed from the relatives, or that it differs greatly from former wills, or from previous or subsequently explained intentions. Such circumstances can be explained by clear proof of the intentions of the testator, such as that he gave instructions to the attorney who drew the will, or that the will was distinctly read over to him; and even these will not always do where there is proof of fraud.

From the opinion of Judge Denio, in the Hopper Will Case, (33 N. Y. 619) it seems that on questions of testamentary capacity, courts should be careful not to confound perverse opinions and unreasonable prejudices with mental alienation. The true test of insanity affecting testamentary capacity, aside from cases of dementia (or loss of mind and intellect) is mental delusion. A person persistingly believing supposed facts which have no real existence

against all evidence and probability, and conducting himself upon the assumption of their existence, is, so far as such facts are concerned, under an insane delusion. If a testator, at the time of making his will, is laboring under any such delusion, in respect to those who would naturally have been the objects of his testamentary bounty, and the court can see that the dispository provisions were or might have been caused or affected by such delusion, then such instrument is not to be deemed his will. The great difficulty which arises in all cases of mental diseases, as seen from the above cases, is to fix some standard by which the sanity or insanity of the testator may be satisfactorily determined. This is a difficulty which seems to me almost insurmountable, for the simple reason that it is impossible for the most skillful experts to determine always where insanity begins and sanity ends.

I find in Edmond's Select Cases, Vol. 1, p. 35, a definition by the Judge which I will insert in conclusion of this paper, as it seems to me to be quite a correct one, looking at it from a logical point of view. A sane man is one

1. Whose senses bear truthful evidence.
2. Whose understanding is capable of receiving that evidence.
3. Whose reason can draw proper conclusions from the truthful evidence thus received.
4. Whose will can guide the thought thus obtained.
5. Whose moral sense can tell the right and wrong growing out of that thought.
6. And whose act can at his own pleasure be in conformity with the action of all these qualities.

All these things unite to make sanity, the absence of any one of them makes insanity.

The Diagnosis of Aneurism.

A clinical lecture on this subject, delivered by Mr. PAGET, F. R. S., is given in the *British Medical Journal*.

In speaking of the diagnosis of abdominal aneurisms, Mr. Paget said that the difficulty in these cases was twofold; for, *first*, there were many pulsating tumors not aneurisms, and, *secondly*, aneurisms were occasionally met with which, at the time of examination, did not pulsate. In the case under consideration, the second source of error did not interfere, for the tumor pulsated strongly. The pulsating tumors from which aneurism was to be distinguished, were arranged under the heads of *medullary cancer, arterial vascular tumors, tumors growing from bone*, and *enlarged lymphatic glands*, or any other tumor seated upon or around a large artery; and the following points were insisted upon as furnishing, collectively or singly, the means for arriving at a correct conclusion. The *character* of the pulsation: the pulsation of an aneurism was described as "firm, full, and strong," while that produced by any of the other pulsating tumors was said to be weak and soft. Mr. Paget laid great stress on this difference, and considered it a most important aid to diagnosis. The *direction* of the pulsation: the "expanding pulsation" of an aneurism was to be carefully distinguished from the merely "forward push or throb" communicated to the fingers by a tumor seated on an artery; if a tumor, such as a mass of enlarged glands, however, *surrounded* an arterial trunk, Mr. Paget considered that it might be quite impossible to determine whether an aneurism existed or not, for the pulsation in such a case would be truly expanding in all directions. *Pain* of a "rending" character, and coming on in paroxysms, was mentioned as a valuable sign of aneurism, and probably denoted the occurrence of rapid increase in size. The existence of a *loud rasping bruit* over the tumor and along the artery above and below was said to be a symptom of some value when present, although its absence, as in the patient under consideration, by no means negatived the existence of aneurism, for a soft *bruit* was heard in many cases of vascular tumor.

Mr. Paget alluded to another class of cases in which the diagnosis of abdominal aneurism was sometimes made, and in which there was not only no aneurism, but no tumor of any kind. In some persons, a large artery, generally the abdominal aorta, pulsated very strongly; and it was this strong pulsation of a healthy vessel that was mistaken for aneurism. It occurred, Mr. Paget observed, chiefly in hysterical women, or nervous men; sometimes in association with pains in the back, which render the resemblance to aneurism still closer; or in persons in whom the bodies of the lumbar vertebræ were unusually prominent, the head of the pancreas enlarged, or the colon distended; and, lastly, a certain number of cases were found to be connected with incessant nausea and vomiting in nervous people—a case being mentioned of a woman who was supposed by several observers to be the subject of abdominal aneurism. She was suffering from excessive and continued sea-sickness, and, in fact, died of exhaustion from this cause; and Mr. Paget had an opportunity of confirming his previous opinion, that no aneurism existed. The absence of the lateral or expanding pulsation in these cases of excessive arterial pulsation was mentioned and insisted on. The lecturer alluded to one case in which a phantom tumor of the rectus abdominis muscle was superadded to a pulsating aorta. In this instance, the diagnosis was at length made by placing the patient under chloroform, when the tumor disappeared completely.

Mr. Paget added that the same state of excessive pulsation was sometimes noticed in other arteries,

especially the subclavian and the carotid. If the patient happened to possess a cervical rib, over which the pulsating subclavian passed, as in a case lately under Mr. Paget's care, the resemblance to aneurism might be very close. The simulation of carotid aneurism was said to be most deceptive when the internal carotid was elongated and tortuous in old persons, and when the naturally somewhat bulbous condition of the lower part of this vessel was more than usually marked.

New Preventive Treatment of Abortion.

Women apt to abort, do so usually at or about the epoch of the menstrual discharge, and in consequence of the congestion which even in pregnancy, recurs at these epochs. Dr. DE BEAUFORT mentions in the *Bulletin de Thérapeutique* the objections to attacking these congestions with repeated venesections, and then narrates five cases in which he had flattering success by using bromide of potassium for about eight days before and after the epochs, during the whole pregnancy. The dose was from 30 to 60 grains a day. The effect of the drug on the fœtus was to reduce its movements, while the heart was not weakened. After birth the children cried little for a day or two, and seemed little inclined to take the breast. If fed with a spoon, the act of deglutition was very slow. These symptoms all disappeared in 24 or 48 hours.

It seems to us that in view of the very obvious effects of long continued doses of this drug on the mental powers, that its use in this way should be ventured upon with hesitation, lest the intellectual capacity of the child should be permanently injured, a question to which Dr. De Beaufort does not refer.

Reviews and Book Notices.

NOTES ON BOOKS.

A small pamphlet war continues on the subject of the last illness of Dr. Alden March. The latest missive we have seen is "The Strange Defense of Dr. James H. Armsby, against the Criticism of his Report, considered by Charles A. Robertson, A. M., M. D." We should have been glad to have said that this last brochure shows some signs of putting this quarrel (disagreeable to all concerned) in a more favorable light, but it does not, and the remarks of Dr. Robertson, on p. 7, to the effect that a post-mortem examination is a "shocking profanation of the remains of the dead" would be rank nonsense in a medical man, were it not evidently something very much less excusable. We do not personally know a single party concerned, and our opinions are formed from the record only. Hereafter this journal shall contain no further reference to the controversy.

Dr. Henry J. Wiesel has published at Wheeling, West Virginia, a book of forms for prescription papers and clinical records. Such memoranda are often of much importance to a physician, and the plan he suggests is a good one.

BOOK NOTICES.

The Preventive Obstacle, or Conjugal Onanism. The dangers and inconveniences to the Individual, to the Family, and to Society, of Frauds in the accomplishment of the Generative Functions. By L. F. E. BERGERET, M. D. Translated from the third edition by P. DE MARMON, M. D., New York, Turner & Mignard, 1870. 1 vol. 8vo. cloth, pp. 182. Price $1.50.

Dr. Bergeret, who is a Swiss physician, of reputation as a medical writer, has, in this little work, explored one of the many directions in which the sexual relations are misused. As is natural and almost inevitable, when one devotes particular attention to one class of sexual diseases, the importance they acquire becomes exaggerated, and doubtless most readers will be of opinion that Dr. Bergeret has fallen into this snare. Nevertheless, as the fashion of the day undoubtedly is to underrate the results of sexual erethism, it is a fault which, if it exists, we can pardon.

The author traces a connection between a number of diseases of the sexual organs in both sexes to imperfect or fraudulent coition, and believes that these habits lead to an arrest of the increase of population, and to general profligacy. No one who has a wide practice in an American city, and has directed unprejudiced attention to these cases, can doubt for a moment that this opinion is abundantly sustained. It is too well known to need any hesitation in saying it, that conjugal frauds are very common in this country, and very few people are aware of their deleterious consequences. This work therefore, is timely, and when we add that it is temperately written, with nothing sensational or indecorous in it, but in a calm, scientific tone throughout, we have said enough, we hope, to direct to it the attention of the profession.

Manual of Chemical Examination of the Urine in Disease, with brief directions for the examination of the most common varieties of urinary calculi. By AUSTIN FLINT, JR., M. D., New York, 1870. 1 vol. 8vo. pp. 75. For sale by Claxton, Remsen & Haffelfinger. Price, $1.25.

A manual of this kind has long been needed, and certainly no one could have been chosen better qualified to prepare one than Prof. Flint, Jr. He commences with some remarks on the physiology and characteristics of normal urine, its variations and constituents. Two chapters follow, one on qualitative examination of the secretion, the second on its quantitative analysis. The principal tests are given in clear language, and the apparatus illustrated by wood cuts. A very complete table for chemical examination is appended.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 16, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PUBLIC SQUARES IN CITIES.

The inhabitants of this city have been exercised in mind of late, where to locate their proposed new public buildings. Those who have visited Philadelphia, know that there are a number of public squares located in the older and now the central portions of the city, some one of which it was determined must be chosen as the site for the public edifices. Independence square was strongly urged by one party, Penn square by another, and Washington square by a third. The impropriety of building upon *any* of these open spaces, hitherto wisely guarded against any such use, seems to have occurred to very few. Yet not only will the beauty and symmetry of the city be injured but doubtless to some extent its character for salubrity, will be impaired by thus shutting up those "lungs of the city," the public squares, which in its first foundation, the far-seeing mind of William Penn planned, and to which he justly attributed so much importance.

There is no question that the health of our population has been greatly benefited by these squares, both directly as a means of ventilation, and indirectly as a pleasant resort for children and invalids. To use them for any other purpose than that for which they were originally designed, is a great and near-sighted mistake. They should be kept forever free from structures of any kind, and remain at all times open to the public. The walks should be laid in cement, so that the frost and rain will not render them impassable, as is now the case, and every effort should be used to secure from them the full amount of benefit which experience has abundantly proved, can be obtained from their free use.

There are plenty of vacant lots along Broad street, which can be obtained at moderate rates, and which would be equally suitable for the edifices in question. We wish to direct attention to the hygienic value of our squares, and preserve them for future generations, for a day when they will be even more needful than they now are, as population becomes more dense. While other cities are widening their streets, and giving pure air and sunshine more free access, at great cost and labor, we coolly talk of shutting up our few avenues to these healthful blessings. Certainly such policy as this is unworthy the intelligence of this community, and must be condemned by every educated and impartial mind.

DR. VINTON ON PHYSICIANS.

A few weeks ago we quoted some remarks from the Rev. Dr. Vinton's address at the commencement of the Bellevue Hospital Medical College, in which that eminent divine censured the want of sympathy and of respect for religion and its ministers, which, he asserted, are only too frequently revealed by members of our profession. It is so much the interest of the physician to pretend sympathy where he does not feel it, that we think in that respect the speaker was at fault, as a general rule. But we fear he was right in accusing medical men as a body, of a want of respect for religious instructors. We have seen it painfully evidenced even in medical journalism, as well as in the lecture room, and over the dissecting table. Lecturers go out of their way to sneer at the doctrine of immortality and the resurrection; demonstrators paraphrase Laplace in his famous saying, and boldly state they have searched through the human body, and found no trace of soul; and journalists have attacked the whole clerical profession and pronounced them incapable of forming a correct opinion even on questions of morality, because, forsooth, here and there some minister has given a certificate to a quack doctor. In these respects there is, unfortunately, some occasion, which we cannot deny, for Dr. Vinton's remarks; and we hope those who in a manner represent the profession before the public, will take warning by his seasonable admonition to refrain in future from such ill-judged and unnecessary reflections, which are disparaging not only to those who utter them, but to the whole body of practitioners.

A GOOD APPOINTMENT.

Dr. D. Hayes Agnew, so long and favorably known as a surgeon and instructor on anatomy in this city, has been appointed Professor of Clinical and Demonstrative Surgery in the Medical Department of the University of Pennsylvania. A more capable and efficient instructor could not have been found.

Dr. Agnew came to this city about the year 1853, and soon after took charge of the Philadelphia School of Anatomy, where he taught the largest private classes ever assembled, either in this country or in Europe. In 1860, he was elected one of the Surgeons of the Philadelphia Hospital, and soon afterwards Surgeon to Wills' Hospital. In 1864, he was elected Surgeon to Pennsylvania Hospital, and more recently to the Orthopœdic Hospital. For several years past he has been Demonstrator of Anatomy and Clinical Lecturer in the Medical Department of the University of Pennsylvania.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 5.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Infantile Therapeutics.

(CONTINUED FROM BULLETIN NO. 2.)

2. Management of Pertussis.

JOHN L. ATLEE, M. D., LANCASTER, PENNA.

47. ℞ Acidi hydrocyanici diluti, ♏j.
Syrupi simplicis, f.℥j. M.

A teaspoonful for a child six months of age, to be given at first morning and evening. If no unpleasant symptoms, dizziness, or sickness result, in forty-eight hours, the dose is to be given ter die.

One drop of the acid should be added to this recipe for each year of the child's age above one year. Our author has never given this remedy more frequently than four times a day.

DR. BARTLETT.

Our author records in the *American Practitioner* for February, 1870, his experience with the *iodure of silver* in whooping cough. He has used this remedy for twenty-five years, and has found that it decidedly controls the frequency and violence of the paroxysms within a week and often within a few days after commencing its use. The formula he employs is as follows:

48. ℞ Argenti iodureti, gr. x.
Sacchari albi, gr. lxx.
Pul. gummi tragacan., gr. viij-x. M.

Rub well together, moisten with a few drops of water, make pill mass, and divide into eighty pills. Each pill will represent one-eighth of a grain of the salt. One to be taken, three to five times a day by a child two or three years old.

Our author generally gives them immediately before or after meals, and if the paroxysmal cough be severe, one also half way between meals. For children of from six to ten years of age two pills are to be given at a dose and to be continued in this manner until the cough has disappeared. The remedy requires no watching, is readily taken by the youngest children and does not interfere with the digestive functions. It is safe, pleasant, and effective.

J. Hughes Bennett, M. D., F. R. S. E., Prof. in the University of Edinburgh.

Our author considers that whooping cough is one of those disorders that has a natural course which is little affected by remedial measures. The efforts of the physician should be directed towards keeping the surface warm, preventing exposure to cold winds and alternations of temperature, and supporting the strength by good diet and a little wine. When the disorder becomes chronic, change of air is of undoubted service in removing the disease.

DR. GOLDING BIRD, LONDON.

49. ℞ Aluminis, gr. xxv.
Extracti conii, gr. xij.
Syrupi rhoeados, f.℥ij.
Aquæ anethi, f.℥iij. M.

A medium-sized spoonful every three hours in the second or nervous period of the disease, after the subsidence of inflammatory symptoms, and when the patient is harrassed and exhausted by the attempts to get rid of the copious bronchial secretion. Under these circumstances, our author considers alum, which he administers according to the above formula—the most satisfactory of all remedies, affording the speediest and most marked relief.

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

BEDFORD BROWN, M. D., OF ALEXANDRIA, VA.

Our author recommends the *oil of turpentine* in the treatment of certain complications of whooping cough. The remedial influence of this agent is that of a soothing, but active expectorant, reducing inflammatory action, tranquilizing irritation, and diminishing copious and exhausting discharges. The morbid complications of pertussis to which the turpentine treatment is more particularly adapted, are infantile, remittent, or gastric fever, a peculiar irritative form of continued fever, bronchitis, hæmoptysis, convulsions, dysentery, and enteritis. The doses our author employs, and the manner and frequency of administration by which he has obtained his result, he does not record.

JOHN COOPER, M. D., PHILADELPHIA.

Dr. C. has used, with excellent success, the *tonka bean* in pertussis. He was led to its employment by the fact that it contains a large per centage of *coumarin*, the active principle of the clover tops—*trifolium mellilotis*—recommended for the affection. He gives the *fluid extract* in from five to eight drop doses every three hours, for a child of five years. It affords marked relief to the paroxysm of coughing.

M. LE DR. DAVREUX, OF LIÉGE.

The following formula is recommended as a prophylactic and abortive remedy in whooping cough:

50. ℞. Extracti aconiti, gr. j.
Aquæ laurocerasi, f.℥j.
Syrupi ipecacuanhæ, f.℥j.
Mucilaginis acaciæ, f.℥vj. M.

Dose—f.℥j-ij every hour for a child, and f.℥ss for an adult.

J. LUDLOW, M. D., CINCINNATI, O.

Dr. L. has found in *chestnut leaves* (castanea visca) a valuable remedy for this disease. The spasm is relieved in from five to ten days, and in about two weeks the little sufferer ceases to whoop, and goes on to a speedy recovery. He employs an infusion made as follows:

51. ℞. Castaneæ viscæ, ℥ss.
Aquæ bullientis, Oj. M.

Add to this a pint of cold water. Sweeten with white sugar to make it palatable and administer cold. As much should be given during the day and evening as the patient can be induced to take. By offering it as a drink in place of cold water the child soon learns to like it, and there is no trouble in getting a sufficient quantity taken to produce the desired result.

DR. MACKELCAN, CANADA.

52. ℞. Potassii sulphureti, gr. xxiv.
Syrupi, f.℥j.
Aquæ destillatæ, f.℥iij. M.

A tablespoonful ter die.

The dose should be increased one grain for each year up to four years of age, and after that half a grain additional for each year, the doses being diluted in proportion to the quantity of the salt.

The beneficial effects of the medicine are not perceived for five days, when the intervals between the paroxysms of cough become longer, and after that their violence diminishes from day to day, until at the end of ten or fourteen days it is seldom necessary to pursue the treatment further.

As the drug easily spoils by keeping, it is important to have it fresh. If it dissolves perfectly in the syrup and water, and the mixture is of a greenish color, it may be relied on; but if their is any sediment, it has been decomposed by exposure to air and becomes a sulphate.

DRS. MEIGS AND PEPPER, PHILADELPHIA.

53. ℞. Aluminis, ℈ijss.
Syrupi zingiberis,
Syrupi acaciæ,
Aquæ, aa. f.℥j. M.

A teaspoonful ter die in every five or six hours.

This recipe when prepared with good syrups tastes very much like lemonade, its agreeable flavor rendering it acceptable to children.

Our authors more generally employ alum in combination with belladonna. They have obtained better results from the following formula than any other ever employed:

54. ℞. Extracti belladonnæ, gr. j.
Aluminis ℥ss.
Syrupi zingiberis,
Syrupi acaciæ,
Aquæ, aa. f.℥j. M.

A teaspoonful morning noon and night, also once in the night if the cough be troublesome.

55. ℞. Potassæ carbonatis, ℈j.
Cocci, ℈ss.
Sacchari albi, ℥j.
Aquæ, f.℥iv. M.

Desert spoonful ter die to a child a year old.

This mixture has long enjoyed a high reputation in this country and abroad. Our authors believing its efficacy to be due to the carbonate of potash, ordinarily omit the cochineal. This recipe together with the alum and belladonna mixture given above, are the most useful agents we have to keep down the violence of the disease.

GEO. W. SMITH, M. D., ALABAMA.

56. ℞. Syrupi scillæ compositi, f.℥j.
Antimonii et potassæ tartratis, gr. j.
Tincturæ tolutanis,
Tincturæ cocci, aa. f.℥ij.
Mellis, f.℥ij. M.

A teaspoonful every two hours for a child three years of age; or a smaller dose at shorter intervals.

Our author has tested this remedy in many cases characterized by severe paroxysms, and with the most happy results.

J. LEWIS SMITH, M. D., PROF. BELLEVUE, HOSPITAL COLLEGE, NEW YORK.

In the catarrhal stage the treatment of pertussis

should not differ from idiopathic catarrh. Mild counter irritation to the chest, and, if there be accelerated breathing, the oil silk jacket may be applied, while demulcent, laxative and gentle expectorant mixtures are employed internally. Care should be taken not to reduce the strength nor impair the general health.

In the second stage, that of convulsive cough, therapeutic measures are most beneficial. The three medicines most in favor with the profession at the present day are *hydrocyanic acid*, *belladonna*, and *bromide of ammonium*. In the opinion of our author, the treatment by belladonna is the most successful.

The first dose of belladonna should be smaller than that which will prove remedial. The child requires a larger dose of belladonna, however, than the adult in order to produce the same effect.

Our author recommends the following pills directed by Trousseau:

58. ℞. Extracti belladonnæ,
Pul. belladonnæ folii, aa. gr. ij. M.
For xx pills.

One of the pills (containing a tenth of a grain each of the extract and of the leaves of belladonna) should be taken in the morning when the stomach is empty, and a second on the following morning. For children over four years, the strength of the prescription is to be doubled, (*i. e.*, gr. 1-5 of each ingredient in every pill.) If the number of paroxysms be diminished or the cough rendered less severe, the same dose is to be administered each day. If however, there be no improvement, two pills are to be administered on the second morning, three on the next and so on until an appreciable effect is produced. Trousseau considered it important to give at one dose, whatever belladonna is administered during the day; divided doses are less effectual.

The dose which produces amelioration of the symptoms is to be repeated daily during the succeeding six or eight days. Then, if the improvement continue, the dose is to be diminished one pill per day back to the first dose, but if the cough increase, it is to be again increased. After the entire cessation of the spasmodic cough the administration of the remedy is to be kept up for six or eight days. Instead of belladonna, atropia may be used in the same manner in solution.

58. ℞. Atropiæ sulphatis, gr. 1-10.
Aquæ, f.℥ij. M.
A teaspoonful for young children, employed as directed for the belladonna pills. Older children require a proportionately larger dose.

59. Our author commonly employs the *extract of belladonna* in one grain pills. For an infant one year old, one pill is dissolved in eight teaspoonsful of water; three years, in four teaspoonsful. A teaspoonful to be given once, or if there be no appreciable effect, three or four times daily. If there be no modification of symptoms an additional half spoonful should be given on the third day. Afterwards a still further increase will probably be required.

A Physician Justly Censured.

On the 5th of April, the jury at a Coroner's inquest on the body of James O'Neal, New York City, found a verdict "that deceased came to his death by congestion of the brain, consequent upon a heavy dose of morphine, too frequently repeated, prescribed by Dr. John O. Bronson for delirium tremens. We further censure Dr. Bronson for being in collusion with Henry E. Martin, druggist, in writing prescriptions contrary to the usual and well-known nomenclature; we further censure said Martin for giving orders to his clerk not to reveal such terms." The papers in the case have been given to the District Attorney.

It appeared that Dr. Bronson wrote for morphia under the name "essentia somnolentiæ," and had other terms understood only by himself and Mr. Martin, so that he might be sure to have his percentage from the druggist. We have known this to be done in this city by physicians whose standing and wealth should have raised them above such meanness, if their sense of propriety did not. It is a most unbecoming transaction, and deserves severe censure.

Dr. Tardieu as a Politician.

Dr. Ambrose Tardieu is well known all over the world as an expert and a teacher of forensic medicine. But he is not so devoted to science that it prevents him from being a violent Bonapartist. When Prince Pierre Bonaparte murdered Victor Noir, the first physician summoned was a general practitioner in the immediate vicinity. He was replaced in a few hours by Dr. Tardieu in his official character as expert. Dr. Tardieu declined all assistance or information from the general practitioner, and made up his report solely from his own observation. More than this, his expressions and report were plainly intended—so, at least, all who differ from him in politics say—to shield the Prince from the results of his crime.

On his appearance in the lecture room after the trial, the students hooted and hissed him to such a degree that he left the room, and said he would resign his chair. Since then the school has been closed till the first of May by the Government.

Medical Education.

At the formation of the Alumni Association of Jefferson Medical College, Professor Gross appealed to his auditors to verify a statement he was about to make—that the course of medical education in

this city had not one inch progressed within the past fifty years. The remark was received with assenting applause. In no whit are we in advance of the last half century. The course of study is too restricted, and the sessions are too short, and he was prepared and authorized by his associates in the faculty to say, that with corresponding action on the part of the University of Pennsylvania, they would consent to the prolongation of the term of study, and an elevation of the standard of attainment upon which the diplomas shall be contingent. This also was applauded by those present.

Now, we would like to inquire whether *independent* action in the right direction is not more honorable than the continuance of an acknowledged evil, because others insist on it? Shall nobody be virtuous because there *are* cakes and ale? "I will be honest if you are," is neither a brave nor a lofty principle. Let medical teachers show some higher rule of action than this, if they expect to bring about any reform.

Dietetic Articles.

A new food for infants, called Nestle's Lacteous Farina, made of condensed milk, sugar, and ground dried bread, has been introduced to our notice, and having given it a trial, we have found it a very palateable and healthful article of food for infants.

For medical purposes we believe we can recommend the Bourbon whiskey manufactured by Pogue, Duke & Co., Maysville, Ky., as purer than any other with which we are acquainted. It is highly recommended by the Surgeon General, U. S. A., and by Dr. Roberts Bartholow, who have examined the peculiar method of distillation adopted by that firm, and consider that it secures unusual purity and freedom from acrid oils. Medical men who wish a first class article will do well to try this.

Compressed Air.

The St. Louis journals report that the effect of the compressed air upon the men working in the caissons of the main piers of the bridge now building across the Mississippi, at that city, is highly injurious Over fifty of the men engaged in filling in the air chambers with cement have been prostrated by partial paralysis. In some instances a few days' rest has been sufficient to restore the workmen to health; but recently four of the men have died, and forty are still in the hospital, some very low, but the majority in a fair way of recovery. At the Coroner's inquest held upon one of the persons who had died, a fellow-workman testified that the men who observed strictly the sanitary regulations established by the engineers would not be injured, and that he never experienced any serious effects from the compressed air. The decease of his companion he attributed to intemperate habits. The use of spirituous liquors will undoubtedly weaken the lungs and render them unable to resist the pressures of two or three atmospheres.

Chloroform.

Our cotemporary, the Boston *Medical and Surgical Journal*, is opposing most determinately any further employment of chloroform as an anæsthetic, on the ground of its dangerous character. The British *Medical Journal* regards the position of the Boston *Journal* quite indefensible, and in a recent number of the *Bulletin de Thérapeutique*, M. Sedillot, a very high authority, asserts that *pure* chloroform never killed anybody, when properly administered! We do not think that the locality of the discovery of ether influences our cotemporary, but the experience there, must have been singularly discouraging. One writer urges that deaths by chloroform be considered homicides!

New Tests for Phosphorus and Sulphur.

A German chemist, M. Schoen, suggests the following new tests: To detect phosphorus in organic or inorganic matter, mix the solid substance with half its weight of finely-divided magnesium, and heat in a glass tube closed at one end. The mixture becomes phosphorescent, the sides of the tube will be covered with red phosphorus, and another portion of phosphorus will combine with the magnesium to form the phosphide of that metal. After cooling, a few drops of water will evolve phosphureted hydrogen. As the magnesium will not combine with sulphur, the search for this element can be made in the same mixture by sodium or potassium. All compounds of sulphur, whether organic or inorganic, are decomposed by potassium and sodium to form alkaline sulphides. Place the substance to be tested in the bottom of a small glass tube, put in a few pieces of sodium, and add another layer of the substance, and heat gently. After cooling, project the contents of the tube into acidulated water, when a disengagement of sulphureted hydrogen will at once betray the presence of sulphur, or the nitro-prusside of sodium will afford a purple coloration if any sulphur be present. These two tests are probably the most delicate of any hitherto suggested for the detection of phosphorus and sulphur.

Correction.

By a typographical error, which our readers will doubtless have corrected for themselves, the name of Dr. HORATIO R. STORER in the advertisement of the *Journal of the Gynæcological Society* of Boston, was spelled Horatio R. Stover. The Dr. is too well known to be masked by an accidental *alias* of that kind.

University of Louisiana.

On the 25th ult. the commencement exercises of the medical department of this University took place at Lyceum Hall, New Orleans. There were 74 graduates in medicine, chiefly from Louisiana and the adjacent States.

Prof. S. M. Bemiss, M. D., delivered the salutatory, from which we quote the following well-timed remarks:

"A stipulation of the highest importance to the successful prosecution of your profession is a consistent, unshaken faith in its truth. As no shipmaster who loses confidence in his compass and refuses to submit to its guidance, ever makes a successful voyage to a distant port, so no doubter ever attains high rank in his profession. I know very well what feelings of belief, hope and enthusiasm at this time fill the breasts of most, if not all of you. But you are now in the position of untried soldiers, who, full of impetuosity and imaginary bravery, wonder that their leader should suppose it necessary to say anything for their encouragement. How often it is, that at the fierce shock of battle the inexperienced learn for the first time to realize their own weaknesses.

"Unbelief in medicine is not an infirmity common to young physicians. It more often occurs among senior members of the profession, especially among that class of men who, as they grow older, become cynical, and are afflicted with doubts as to whether any good thing was ever created; or if created good, whether all things have not degenerated so that nothing remains deserving their confidence. But it is sometimes the offspring of the young practitioner's first signal failure. The lessons of defeat are very differently applied. The strong and resolute nerve themselves for other conflicts; the weak and speculative are overwhelmed with doubt and distrust."

Test for Arsenic.

A new and very delicate test for arsenic has been discoverd by Bettendorf. Its sensibility is so great that it is said to be capable of detecting one part of arsenic in a million parts of solution; and the presence of antimony does not affect it. In order to apply this test, the arsenious, or arsenic liquid is mixed with aqueous hydric-chloride (hydrochloric acid), until fumes are apparent; thereupon stannous chloride is added, which produces a basic precipitate, containing the greater part of the arsenic as metal mixed with stannic oxide.

A Snake Story.

A correspondent in Tennesse sends us an account of an entozoon (?) apparently a snake, said to have been found by a farmer and his son in cutting up an ox which had died of disease. These witnesses, our correspondent states, are quite trustworthy. But here, as in every similar story we have ever heard, the sources of error are so numerous and obvious, that the account could not be received as of any scientific value.

Benefits of Good Sewerage.

Any one who is sceptical about the practical benefits of hygienic measures should go to Leek, in Staffordshire, England, and be converted. Sewerage works have been in existence for the last nine years in that town; and during this time the annual rate of mortality has decreased from 29 to 24 per 1,000, and the average age of the dead has increased by nearly one-third. If there be no sources of fallacy in the calculations, these facts give a proof of the good results of efficient sewerage as instructive to us all as it is important to the inhabitants of Leek.

Prevention of Premature Interments.

Mr. Elliott of this city, has presented a bill to the Pennsylvania Legislature to prevent premature interments, by requiring forty-eight hours to elapse after the supposed death of a person.

In connection with this subject, a paper of this city suggests very properly, the impropriety of placing the bodies of persons supposed to be dead in ice almost as soon as they have apparently ceased to breathe.

The Nemesis of Fashion.

Professor Blackie has been lecturing to the Edinburgh people on beauty. He wished women could be prevailed upon to dress according to the laws of reason, and not according to the practice of unreason, which constitutes the monstrous idea that is called fashion, and which is worshiped in the very glaring, glittering, and vicious place called Paris.—If they could be prevailed upon to dress themselves in spite of fashion, they would dress well.

Protection of Lead Water Pipes.

Dr. Schwarz, of Breslau, notes a simple method of protecting lead pipes from the action of water, by forming on the inside surface of the pipes an insoluble sulphide of lead. The operation, which is a very simple one, consists in filling the pipes with a warm and concentrated solution of sulphide of potassium or sodium; the solution is left in contact with the lead for about fifteen minutes.

Marriage of Cousins.

We have printed several articles on this subject, and shall be glad to print others, but to secure insertion they must be expressions of *facts*, carefully observed and recorded, not of opinions only, as they too often are.

New Sydenham Society Publications.

Mr. Fougera of 30 North William street, New York, has Caspar's Forensic Medicine (1st vol.), and a volume of selected monographs, published by the above Society for sale. He will sell them cheap.

Correspondence.

DOMESTIC.

Hydatids of the Uterus.

EDS. MED. & SURG. REPORTER:

I was called to see a young German woman (married six months) suffering from dropsy of the extremities and labia, with great and painful distention of the latter. Suppression of the urine and feverish condition of the system. Stated she was "three months gone in the family way," and was afraid she was going to miscarry.

Upon inquiry I ascertained that she had suffered during the whole term of her supposed pregnancy with a sanguineous discharge from the vagina until a week previous to my visit, when it suddenly ceased, and the swelling of the limbs commenced.

Warm fomentations to the vulva and absolute rest in the recumbent posture, with an anodyne, entirely relieved the pain. Diuretics were then resorted to, without any relief whatever. On the third day being sent for, in a hurry, I found her with regular bearing down pains, and upon examination found the mouth of the womb dilated to the size of a silver dollar, with a firm though yielding mass, presenting which gave me the impression that it might be a premature case of "placenta praevia." Gave fluid extract ergot ʒj, when in about ten or fifteen minutes she expressed a desire to void urine, and while sitting upon the vessel exclaimed "oh its come," upon examining the contents, I found it to consist of a firm fleshy substance, resembling a placenta about an inch and a half in thickness, and five inches across, but without the umbilical cord. This substance, which was fibrous in character, was completely studded on one side with numerous cysts varying from the size of a pea to that of a large grape, besides which were about three pints of the same attached to a membranous substance, which when held up, looked very like clusters of grapes. These cysts were filled with a transparent watery fluid. A few minutes afterwards, a half pint more followed the first discharge, and the woman feeling perfectly comforatble, I took my departure.

This was 3-30 P. M. At half past ten I was recalled with the intelligence that my patient was crazy, and it took four persons to hold her in bed. Upon reaching her side, I found her in violent hysterical convulsions, foaming at the mouth, staring eyes, florid complexion, rapid stertorous breathing, bathed in prespiration, and pulse 140, with frequent startings and struggles to free herself from her attendants and escape from the bed.

Administered a drachm or more of chloroform by inhalation, which quieted her for a time, reducing the pulse, and bringing about a more normal condition of things. Bromide of potash was freely given after the effect of the chloroform somewhat passed off, and in an hour I left her comfortable, but still with some disposition to a return of the trouble, which, however, passed off, she falling asleep in a couple of hours afterwards, and, waking in the morning, recognized every one about her, with the exception of her mother, whom she would not own or recognize until my arrival, a couple of hours afterwards. Had passed water freely, with the effect of considerably reducing the swelling. Subsequent condition favorable.

W. H. WHITE, M. D.

Bloomfield, N. J.

Action of Narcotics in Labor.

EDS. MED. & SURG. REPORTER:

I have read with no little interest the opinions of various writers in the REPORTER, of the action of opium upon the uterus in labor. There are those who claim expulsive powers, *per se*, for it. With this class we must of necessity differ, for according to our observation no such effects have been produced by it. Admitting however, that opium by relieving the spasm of the intestines, may act indirectly as a laxative to the bowels, so may it also, by relieving the spasmodic condition of the cervix, thus "open the door" to the uterus and remove an obstacle to the passage of its contents. He who administers opium with a dilated os, for the purpose of expediting labor, anticipating therefrom increased expulsive action, will, I believe, be doomed to disappointment.

It has been my practice for many years, to administer an opiate, (a full dose), in case of a rigid cervix, and I have rarely been disappointed in the result, but instead of finding immediate *increased* uterine action, the opposite has been the result. In a great majority of cases, labor has been suspended for a brief period, not unfrequently for two or three hours, but upon a return of the "pains," a speedy delivery has frequently followed. This has not always been the case. Other causes than undilated os, often protract labor. The position of the fetus; the pelvic condition, besides much else, frequently do the same thing. I am of the opinion that no practitioner of experience would give opium in a case of protracted labor in connection with uterine exhaustion, for the purpose of increasing the "pains," or stimulating uterine contraction.

Howell, Mich. W. L. WELLS, M. D.

NEWS AND MISCELLANY.

Commencements.

On Wednesday, March 9th, Harvard conferred the degree of M. D. upon 39 graduates of its Medical Department, and the degree of Doctor of Dental Medicine upon 12 graduates. At the com-

mencement exercises five medical and one of the dental graduates read Theses, after which, the Rev. Dr. A. P. Peabody delivered an address to the graduating class.

The Commencement Exercises of the Medical Department of the Buffalo University took place on the evening of February 22d. The diplomas were presented to the graduating class by the Chancellor of the University, Millard Filmore, Ex-President of the United States. Forty-one students received the diploma of Doctor of Medicine. The Rev. Dr. Walter Clarke delivered a very able and interesting address to the graduating class.

U. S. Army Changes.

The following changes have taken place in the medical department of the U. S. Army since Oct. 1, 1869:

Resigned: Assistant Surgeon WM. F. SMITH, to date January 5. 1870; Assistant Surgeon G. H. T. F. AXT, to date February 1, 1870.

Resignation Revoked: Surgeon H. R. WIRTZ, Brevet Lieutenant Colonel. The Special Orders accepting the resignation of this officer, to take effect March 1, 1870, revoked by order of the President, per Special Orders No. 24, dated Adjutant General's office, January 29, 1870.

Retired: Brevet Brigadier General R. S. Satterlee, Chief Medical Purveyor, U. S. Army. By order of the President retired from active service, to take effect February 22, 1869. Under date of March 9, 1869, by direction of the President, ordered to remain on duty as Chief Medical Purveyor in New York City. Relieved from duty February 21, 1870, by the provisions of Par. 1, General Orders No. 15, dated Adjutant General's Office, February 5, 1870.

Brevet Brigadier General Charles McDougall, Assistant Medical Purveyor, U. S. Army. By order of the President retired from active service, to take effect February 22, 1869. Under date of March 9, 1869, by direction of the President, ordered to remain on duty as Assistant Medical Purveyor in St. Louis, Mo. Relieved from duty February 21, 1870, by the provisions of Par. 1, General Orders No. 15, dated Adjutant General's Office, February 5, 1870.

QUERIES AND REPLIES.

Dr. C. R. J. K., of N. H.—In reply to your inquiry, where you can find Brown-Sequard's celebrated formula for neuralgia, we refer you to Napheys' *Modern Therapeutics*, page 52.

Dr. J. H. S. of Iowa.—Some prefer Sim's uterine sound, some Simpson's. They cost about $1.75 each. We can send you one by mail.

Dr. W. J. C. of Pa.—We have read the minutes of the Proceedings of the last meeting of the American Pharmaceutical Association, and cannot agree with you about the blamelessness of Mr. Stearns in the Sweet uqinine transaction. We agree with the association in condemning such speculation in human misfortune, and cannot have a high opinion of the man who cannot appreciate the difference between such conduct and the ordinary principles of legitimate trade.

Dr. J. H. F. of N. Y.—St. Thomas' Hospital, London, is one of the Medical schools recognized by the University of London, and the Royal College of Physicians. It cannot itself grant the degree of Doctor of Medicine, but it furnishes a certificate of attendance on the lectures and clinics, and a certificate of this kind is a necessary prerequisite to obtaining a degree.

Dr. J. H. T. of N. Y.—Our remarks to which you refer had no reference to your article, which appeared almost verbally as you sent it.

Dr. W. H. B. Ill.—*Littell's Living Age* is published in Boston.

Obituary.

We regret to learn the decease of Dr. John Murphy, of Menominee, of Wis., on March 11, of rapid phthisis. He was a practitioner of fine promise, and great personal popularity.

MARRIED.

FUSSELL—FUSSELL—On March 29, 1870, at the residence of the bride's parents, by Friends' ceremony Henry M. Fussell, of Delaware county, Pa., and Mary T. Fussell, daughter of Dr. Edwin Fussell, of Cape May county, N. J.

HUNT—STEPHENSON—In New York, April 6, at the residence of the bride's mother, by the Rev. Frank S. DeHass, of Cincinnati, Julian M. Hunt, of Brooklyn, and Eleanor F. Stephenson, daughter of the late Dr. Mark Stephenson.

PARSONS—MCCLELLAN.—In Montclair, N. J., April 7th, at the residence of Mr, R. M. Hening, by Rev. Mark Hopkins, D. D., John C. Parsons, of Hartford, Conn., and Mary daughter of the late Samuel McClellan, M. D., of Philadelphia.

SHORTLIDGE—DOUGLAS—Jan. 6th, at Rockwood Delaware, by the Right Rev. Alfred Lee, D. D., of Wilmington, Bishop of Delaware, Dr. E. G. Shortlidge, of Chester Co., Pa., and Miss Lizzie A Douglas, formerly of England.

SMITH—STARR.—In New York at the Church of the Holy Trinity, by Rev. Stephen H. Tyng, Jr., Hanbury Smith, M. D., and Mrs. Victoria Starr, both of New York.

STURGIS—HAZARD.—April 6th, at Newport, R. I., F. R. Sturgis, M. D., of New York, and Martha De Wolf, daughter of the late Captain S. F. Hazard, U. S. N.

DIED.

BURNELL.—In this city suddenly on the 31st ult., George Stuckert, only son of Dr. William W. and Lizzie D. Burnell aged 6 years and 7 months.

CARTER.—In New York, suddenly, on Saturday, April 2, Galen Carter, M. D., in the 76th year of his age.

EVRITT.—April 4, at the residence of her parents, No. 29 Madison street, Brooklyn N. Y., after a brief illness, Lillie youngest daughter of Dr. D. L. and S. A. Evritt, in the 4th year of her age.

HOUSEKEEPER.—In this city, on the 30th ult., Benjamin Housekeeper, M. D., in the 63d year of his age.

PLATT.—March 29th, at his residence near Dayton, Ohio, Dr. Thomas Platt, a native of Andover, England, in the 74th year of his age.

SWAN.—In Easton, Mass., March 19th, Dr. Caleb Swan, aged 75 years.

METEOROLOGY.

MAR.	28,	29,	30,	31,	1,	2,	3,
Wind.....	S. W.	W.	N. E.	E.	N. E.	N. E.	N. E.
Weather.	Cl'dy	Clear	Cl'dy	Cl'dy	Cl'dy Rain.	Cl'dy Rain.	Cl'dy Rain.
Depth Rain	1-10					1 2-10	2-10
Thermom....							
Minimum..	35°	34°	45°	41°	36°	36°	39°
At 8, A M.	43	43	44	46	41	40	46
At 12, M...	47	50	52	49	43	43	47
At 3, P. M.	46	51	53	50	44	44	48
Mean.....	42.75	44.50	48.50	46.50	41	40.75	45.
Barometer..							
At 12, M...	29.5	30.	30.1	30.1	30.1	30.	29.9

Germantown, Pa. B. J. LEEDOM.

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Original Department.

Communications.

OPTIC-NEURITIS AND PERI-NEURITIS AND THEIR CONNECTION WITH CEREBRAL DISEASES.

By Xavier Galezowski.

Docteur en Médecine de la Faculté de Paris; Laureat de la même Faculté; Professeur d' Ophthalmologie a l'école Pratique de la Faculté de Paris, Membre de Plusieurs Sociétés Savantes.

[Translated by S. FLEET SPEIR, M. D.,]

Surgeon to the Brooklyn City Hospital; Surgeon to the Brooklyn Eye and Ear Infirmary.

V. ORIGIN OF NEURITIS AND PERI-NEURITIS.

Ophthalmoscopic research has long ago pointed out the existence of edema of the optic nerve, the cause of which was referred to diseases of the brain. M. Desmarres has given a detailed description of it in his *Traite des Maladies des yeux*, of which the cause he says is extra-ocular. But these statements were not verified by autopsy, until MM. Graefe, Gillet de Grammont, and Ogle, made the first detailed observations with the autopsies. Since then the number of these observations has greatly increased. In comparing these cases with one another, and with those which we have seen ourselves, we shall be able to make some practical deductions, useful in the diagnosis and prognosis of the disease itself.

For my own part I have seen more than sixty-four cases of optic neuritis and peri-neuritis, of cerebral origin—and of this number I witnessed the autopsies of eight. Three of the cases are reported in my work on "*Les alterations du nerf optique et les maladies cerebrales;*" a fourth case was published by M. Duchenne (de Boulogne.) The fifth case, is reported in a paper on intra-ocular tumors (*Gazette des Hopitaux*, 1866.) Several observations we have gathered up since finishing that paper.

Among the cerebral affections which produce inflammation of the optic nerve, we are acquainted with but three kinds—the existence of which have been verified by autopsy. They are basilar meningitis, tumors of the brain, and abscess of the brain. Sclerosis "*en plaques*," ramollisement from embolus, locomotor ataxia, etc., only produce progressive atrophy of the optic nerve. Cerebral apoplexy sometimes causes disturbances of vision, but very rarely, and there is then either congestion, extravasation, or atrophy of the papilla.

On a close examination of the symptoms which accompany the development of optic neuritis, we are struck by the constancy of some of them. Thus the sudden appearance of amblyopia or amaurosis, mydriasis, and the simultaneous existence of neuritis in both eyes, are the habitual, I may say almost pathognomonic, symptoms of cerebral disease. Thus far we have found but rare exceptions to this rule.

It is plain, indeed, that inflammation, situated in the region of the optic chiasm, or arising from the visual centre by a single bundle of fibres, cannot cross the chiasm without the inflammation being communicated to the two optic nerves.

To these signs, we should add some cerebral symptoms which have been noticed in a large number of cases—seen by myself as well as noted in the observations reported by authors. These are vomiting at the commencement or during the course of the disease, constant vertigo, violent pain in the head, either in front or at the occiput, epileptiform attacks or convulsions, often paralysis of the seventh, fifth, and eighth pair of nerves; paralysis of the third or of the sixth pair may exist also, but it is

usually monocular, when the neuritis is due to a basilar meningitis.

The simultaneous existence of the disease in both optic nerves during the course of meningitis, is explained by the inter-crossing of the fibres in the chiasm, whilst in order to understand the paralysis of the sixth pair on both sides, together with double optic neuritis, it is necessary to go back to the seat of the disease, as far as the portion of the brain where the sixth pair arise. One finds it difficult to see how an inflammation of the meninges reaches at the same time the optic nerves and the two sixth nerves, or the fourth pair, without affecting the neighboring nerves; while we can very easily understand, that a cerebral tumor developing in the fourth ventrical, leads to an alteration of the fibres of the sixth pair, while, at the same time, extending to the peduncles of the cerebellum, it reaches the corpora quadrigemina, and the other parts of the centre of vision. Thus, paralysis of the sixth pair with double optic neuritis, may be considered as a symptom of tumor situated in the neighborhood of the peduncles of the cerebellum and the fourth ventricle.

Such a case occurred in the service of M. Vigla, at Hôtel-Dieu. We examined the patient with M. Vigla and were present at the autopsy.

Paralysis of the third pair, seldom accompanies optic neuritis, occasioned by cerebral tumors; paralysis of this pair of nerves is met with more frequently in basilar meningitis. It is not thus, however, with paralysis of the seventh and eighth pair. When these two pairs are paralyzed and optic neuritis exists at the same time, it ordinarily indicates a cerebral tumor, the seat of which is either at the basilar apophysis, or in the medulla oblongata and the fourth ventricle.

Such a condition existed in a patient of M. Grisolle, whose case is reported in my work, "*Sur les alterations du nerf optique et les affections cerebrales*," (p. 150.) The tumor pressing on one side of the pons varolii and the medulla oblongata had compressed the cranial nerves of one side only. In the observations of M. Gilet de Grammont, as well as in a case of M. Griesenger, recently published by M. Leber, the seventh pair were also paralysed.

Such is the train of symptoms which usually accompanies optic neuritis of cerebral origin, and especially when caused by cerebral tumors.

The signs of basilar meningitis are not always accompanied by as many alterations, and sometimes there is paralysis of a less number of the cranial nerves, and when paralysis does occur it is not permanent.

Thus it is not rare to observe that it is the sixth pair of one eye that is affected first, then the affection attacks the other side, and then the third pair of the same eye, or of the other eye is attacked and so on. The optic neuritis, or rather peri-neuritis subsides, the sight improves, and the contour of the papilla is better defined. The arrest of the progress of the disease, and even an improvement in the sight, may be considered as a sure sign that the meningitis is not tubercular, that it is rather simple or rheumatic meningitis; and provided the health and strength of the patient improves, one may hope that the sight will be restored.

Optic neuritis, which accompanies basilar meningitis, differs but little from that which accompanies cerebral tumors, and the rational signs are all that remain to aid in the diagnosis. The ophthalmoscope, alone, is incapable of solving this question. From the alterations of the papilla, we may be sure that there is an inflammation in those parts of the brain which are in relation with the central organs of vision; but we can only define the nature of the disease by a study of the general symptoms.

Simple meningitis may give rise to the same ophthalmoscopic symptoms as tubercular meningitis. A case of this kind occurred in the service of M. Grisolle, at Hôtel-Dieu, in a patient attacked by meningitis and double optic peri-neuritis; it was impossible to arrest the progress of the disease by any treatment; the patient died, and at the autopsy, made by M. Lancereaux, it was found to be a case of serous meningitis, without the least trace of either tubercles or granulations.

But the fatal issue of meningitis is not an absolute rule, and M. Grisolle, without believing in a very great frequency of recovery, declares, freely, that he has no doubt of its occurrence. What M. Grisolle says of meningitis in regard to the prognosis, applies equally well to optic-neuritis, consecutive to meningitis. For our own part, we have observed nine cases of recovery from optic-neuritis, with partial or complete restoration of sight, in persons who presented all the signs of cerebral meningitis.

An analogous case occurred this year in the

service of M. Lasègue, in a young woman, aged nineteen years, attacked with meningitis and double optic neuritis. She recovered—the neuritis disappeared and her sight was perfectly restored.

Two cases were confided to our care by M. Dèsmarres (père) while his chêf de clinique. These children had their sight perfectly restored and the neuritis left no trace.

It was these cases of optic neuritis occasioned by cerebral disease, which suggested to me the idea of an ophthalmoscopic research with reference to the meningitis of children.

Four cases of recovery will be found reproduced entire (in the *Annales d'oculistique*) from a paper which I read before the Opthalmoscopic Congress, of Paris, 1861.

We meet with optic neuritis, consecutive to cerebral tumors, quite as often as we do that caused by meningitis. Tumors of various natures, cysts, hydatids, glaucoma-sarcoma, fibro-plastic tumors, and even abscesses of the brain, may lead to optic neuritis, or peri-neuritis, which differs but little in these different diseases. Thus far, we have found it impossible to perceive a very great difference in the aspect of the inflamed papilla, when the inflammation arose from tumors, or when it was due to a meningitis. But it is certain, that, neither simple ramollissement, nor ramollissement from embolus of the arteries, nor cerebral apoplexies, nor sclerosis of the brain, nor locomotor ataxia gives rise to optic neuritis. Consequently, having presented a case of optic neuritis, we may suspect at once a case of meningitis, a tumor, and sometimes an abscess of the brain. It must be understood, however, that we are not speaking now of idiopathic neuritis, such as is produced by syphilis, rheumatism, or orbital neuritis, in which case the diagnosis becomes much more simple.

VI. WHAT IS THE LOCATION, OR SEAT OF CEREBRAL TUMORS WHICH PRODUCE OPTIC NEURITIS:

Cerebral tumors which develop within the cranium, may occasion disorders of the central organs of vision and produce blindness. They are especially all those tumors situated in the neighborhood of the tubercula quadrigemina, the optic tract and the optic chiasm, which, in their development, may reach the organs of sight, and produce optic neuritis. We know that there have been a considerable number of tumors of the hemispheres, of the pons varolii, and of the cerebellum, having produced no alteration of the organs of vision. There have been others, on the contrary, communicating in a regular manner with the optic nerves. Evidently this is to be explained by the propagation of the disease by contact-continuity of the nerve fibres.

The number of cases of optic neuritis observed during life with the opthalmoscope is considerable; but one has not often an opportunity to make the autopsy of these cases, for these diseases are of long duration, and the patients often die of an intercurrent disease. It is on account of this probably, that the number of cases of this alteration with complete histories and autopsy, is so small. Thus far we have been able to collect but thirty cases; twenty-two of them are from different authors, and the remaining eight I have seen in the Hospitals of Paris, through the courtesy of MM. les Drs. Grisolle, Lasegue, Richet, Pean, and Vigla.

In comparing all the known cases, we find that the tumors which give rise to optic neuritis, are met with in the following portions of the brain:

Hemisphere ant. region of brain	12
Pituitary gland and chiasm	1
Posterior lobe	5
Cerebellum	4
Cerebellar peduncles	5
Fourth ventricle	1
Optic tract	2

It is shown by this table that optic neuritis has been observed thirteen times in cases of tumors in the anterior region of the brain, whilst seventeen times it was occasioned by neoplasms of the posterior region of the brain.

Among these last we notice that they are tumors of the structures in the vicinity of the tubercula quadrigemina, which cause optic neuritis. These disturbances of sight then must be explained by the circumstance of contact. In fact, we know that the tubercula quadrigemina are in direct communication with the superior cerebellar peduncles, and with the anterior part of the cerebellum; the optic tracts are traversed at their posterior surface by the white medullary fibres which serve as a communication between the tubercula quadrigemina and the corpus geniculatum. The superior wall of the fourth ventricle is constituted by the valve of Vieussens, of which the fibres communicate directly with the testes; finally the lateral ventricle, as well as the posterior cornua, are constituted by the cerebral mass of the posterior hemisphere, and the alterations of this last

may invade the lateral ventricles, and compressing the corpus geniculatum and the corpora quadrigemina, may finally disorganize them.

The degeneration once commenced in a portion of the centre of vision, is propagated further and further, following the same optic fibres as far as where they reach the optic tract; the chiasm and optic nerves finally terminating on the two papillæ in an edematous swelling or optic neuritis, which we have described above.

Proximity to the central organs of vision is indispensable for the cerebral tumor to bring on optic neuritis and loss of sight; without this proximity, the disease may gain several other of the senses, and cause paralysis of such organ or muscle, while the sight remains intact. Thus, tumors situated on the surface of the hemispheres, the pons varolii, the central, or posterior parts of the cerebellum, &c., give rise, only exceptionally, to optic neuritis and amaurosis. The same alterations, on the contrary, developing in the regions indicated, cannot exist without the organs of sight being affected.

The following case which we were permitted to study in the service of M. LASÈGUE at the Hospital Necker, is one of the most important and most characteristic we have seen. The autopsy confirmed entirely the diagnosis of that eminent clinician.

Observation—M. G—— aged 24 years, entered the Hospital Necker, the 2, March, 1868, in the service of M. Lasègue. The patient was pale and anæmic, complained of severe pain in the head which had continued for several months—increased at times, especially in the occipital region. During these crises, he had attacks of vomiting which lasted sometimes one or two days. It was difficult to obtain information concerning the antecedents of this patient. However, M. IBORD, *interne* of the service, learned that since 11 years of age he had been subject to epileptiform attacks, which returned as often as five and even ten times a day. During the past few years he has had but two or three attacks per month. The patient complains of a weakness in all the muscles of the right side—but this does not prevent his making considerable use of his arms and legs; often while walking he has attacks of vertigo, when he is scarcely able to stand upon his legs. His intellectual faculties are evidently enfeebled; his memory is poor, and it is probably on this account that he cannot give us any information concerning his early history. Since his entrance into the hospital, M. Lasègue has noticed a divergent strabismus of the right eye, and a weakness of sight in that eye; the left eye still retains good sight.

Called by M. Lasègue, on the 20th of March, I found the following condition of his eyes: His pupils are dilated, strabismus and entire loss of sight of the right eye, and such a loss of sight of the left eye as to render him incapable of distinguishing the movements of the hand. In examining his eyes by the ophthalmoscope, we find the following conditions of the optic nerve: The two papillæ are much infiltrated, and their size appears greater than usual; the contour is irregular, the color of the papilla is red, the red color is caused by a large number of capillary vessels developed on its surface, which are not prolonged on the retina. The central vessels of the retina are very much enlarged, the veins are distended greatly and appear to be hidden under a whitish exudation, and reappear further on upon the retina. The arteries are not changed as to size, but they are more tortuous. April 15th. Complete loss of sight in the left eye, pupils much dilated, left eye very sensitive to pressure and the movement of both eyes painful, patient sees flashes of light, pain in head excessive, and constant vertigo. 2d May The papilla became white and all the capillaries disappeared from its surface, the contour of the papillæ are infiltrated, irregular, and the central vessels are tortuous. The patient has had pain in the sciatic nerve for the past seven days, which was very painful in both legs, but particularly in the right leg. This condition continued with more or less exacerbation of pain, and he died June 22d.

The autopsy made June 30th, by M. Ibord, in the presence of M. Lasègue and myself, revealed the following condition of the brain: The bones of the cranium presented nothing abnormal, and the meninges were healthy. At the upper and outer part of the left posterior lobe there was a slight elevation. In raising this part layer after layer, a large cyst was opened, which was situated above the lateral ventricle, and had perforated it. The cyst extended as far as the middle ventricle, under the corpus callosum, and compressed the tubercula quadrigemina very much. The latter were greatly depressed and almost effaced, one could scarcely distinguish the fissure

which should exist between the nates and the testes. The optic tracts were softened from the corpus geniculatum to the chiasm, the right anterior tubercle was harder and more prominent than the others, which seemed to be softened; the posterior and middle optic vessels (Galezowski and Cl. Allbutt) were entirely atrophied. The middle cerebellar peduncles, the valve of Vieussens and the cerebellum presented nothing abnormal; the optic chiasm was softened, and we could find no gray or red spots upon its surface, its color being of a uniform white; its vessels had also disappeared.

In this case we find a full confirmation of our assertion, set forth above, that optic neuritis is always due to a propagation of the inflammation, or of the degeneration *sui generis*, first by immediate contact, and afterwards in descending along the optic fibres. The cancerous tumor in this case was situated in the posterior of the brain, and the cyst which accompanied the tumor extended into the lateral ventricle and upon the tubercula quadrigemina, and almost entirely destroyed them. In consequence of this, there followed degeneration of the central organs of vision, which was carried to the optic tract, and to the papillæ.

I insist, especially on this last point, and I think that the mechanism of the evolution of optic neuritis can be explained in no other way than by the communication of the disease to the optic fibres. It is for this reason that meningitis affecting the upper convolutions, and tumors situated some distance from the optic centres, fail to affect the optic nerve.

M. Græfe has sought to explain the evolution of optic neuritis in another manner. He thinks that the intra-cranial pressure and venous stasis, when it is subacute, seems to produce a sort of strangulation of the intra-ocular termination of the optic nerve. I think that intra-ocular pressure can have nothing to do with the production of optic neuritis, otherwise, we ought to find it in cases of hydrocephalus, congestion of the brain, peri-encephalitis, etc.; whilst in all these affections it is rather a progressive atrophy which is produced. After having described all the characters of optic neuritis of cerebral origin, their diagnosis will become still more easy, if we point out the essential signs by which they may be distinguished from optic neuritis of local origin, which depends upon a cyst or tumor of the orbit, or of syphilis.

Nothing is more simple than to establish this distinction by the following signs. Optic neuritis of cerebral origin always exists, as we have mentioned above, in both eyes, in the affections of the orbit; it is monocular, and is usually accompanied by exophthalmia, paralysis of the sixth or third pair of nerves, or of both at once.

Syphilitic optic neuritis may be caused by a syphilitic tumor of the brain; but the disease occasioned in the two papillæ will be the same as in other tumors; the diagnosis then will be more difficult. But there are syphilitic optic neurites, which develop spontaneously in the intra-ocular part of the optic nerve. They will be recognized by the simultaneous existence of retinitis, choroiditis, or iritis. These complications never exist in cerebral affections; which I have had the occasion to prove in a recent work on "Chromatoscopie retinienne."

After having presented all the details of optic neuritis accompanying cerebral affections, we may draw the following conclusions from the work.

1. Optic neuritis is frequently caused by cerebral tumors and meningitis.

2. The tumors which produce optic neuritis are almost always those which develop in the neighborhood of the central organs of vision; as for meningitis, it is only when situated around the chiasm that it can produce inflammation of either the peri-nerve or of the proper substance of the optic nerve.

3. It is usually impossible to distinguish by the ophthalmoscopic signs a case of meningitis from a cerebral tumor, and we must have recourse to the general symptoms and rational signs of these diseases. We may remark, however, that the progressive loss of sight, terminating in a complete blindness, is most frequently the consequence of a cerebral tumor; if, on the contrary, the weakness of sight is increased or diminished, in such a way as to indicate exacerbations or remissions of the disease, we would then suspect meningitis as the cause.

4. Optic neuritis terminates after a time into complete or partial atrophy of the papilla. This atrophy is to be distinguished, we think, from progressive atrophy of the papilla, and notably from that which is observed in locomotor ataxia, by the irregular contour which

is lost under an exudation, as well as by the varicosity and sinuosity of the central vessels.

To these purely ocular phenomena we must necessarily add the general symptoms proper to each of these diseases. The occipital pain, the attacks of convulsions, weakness of the limbs, vertigo, vomiting, paralysis of the seventh pair, of the eighth pair, or of the fifth pair, accompany almost always tumors in the neighborhood of the tubercula quadrigemina, in the anterior superior part of the cerebellum, the cerebellar peduncles, the fourth ventricle, etc.

REPORT ON MUNICIPAL HYGIENE.

By Thomas Carroll, M. D.

(CINCINNATI ACADEMY OF MEDICINE, FEB., 1870.)

(Reported by J. W. Hadlock, M. D.)

[The following report, while especially directed to the hygienic condition of Cincinnati, will be found of general interest on questions of municipal hygiene. Eds.]

Mr. President and Gentlemen of the Academy:

Your committee have the honor to report their views on the hygienic condition of Cincinnati during the term of their appointment.

In order to arrive at the true condition of the city as it *now* exists, we have thought best to consider its location and its former hygienic characteristics; and by these means we hope to arrive at something like correct conclusions, as to the causes which have led to the great improvement in the health of the city.

Cincinnati stands, as you know, on the right bank of the Ohio, a little North of the 39th degree of latitude, and is situated on two plains; one on the margin of the river, low, narrow, and in some places swampy, in former times; the other, six or eight times as wide. The first is alluvial, the second diluvial. The lower plain widens as it stretches down the river, and was once heavily timbered, and was occasionally inundated by spring floods; but these are now less frequent than formerly, owing to the filling up of the lower parts. The upper plain has, for ages, lain too high to be inundated. The city now spreads over these two plains, as well as ascends the surrounding hills, and occupies considerable space on their summits, which are three or four hundred feet above the river, and are without wet or swampy lands. Of course, the inhabitants are nearly exempt from autumnal fevers; but these fevers are sometimes found among those of the citizens who travel in malarial localities either in this, or surrounding States. We believe that the citizens of the village of Clifton occasionally are visited by remittents, or intermittents, which seem to be caused by malaria carried by the winds of the Mill creek bottoms.

But let us look back and contemplate the location on which the city has grown up, and we shall find, as has been stated, that the lower terrace or much of it, was wet or swampy, and that for many years, that portion lying below Main to the foot of Fifth street, was not only occasionally inundated, but was much of the year wet, with occasional swamps; and that a quarter of a century ago, when this part was laid out in squares, and the streets raised above the original surface, these embankments retained the water, so that stagnant water was almost constantly in these squares, and continued in them for years. Of course considerable malarial disease was produced in their neighborhoods, and had a peculiarly unfavorable influence on infantile life, causing cholera infantum, diarrhœa, dysentery, etc.

Then thirty years ago the White Water canal was constructed, and so made that there was no outlet at its terminus. There was, however, a small one some eighty rods back, which served for a small mill power; but for years there was not even this drain, so that the canal was merely a stagnant pool, and into it the people in the neighborhood threw their garbage; and all manner of dead animals up to the size of a hog were cast into it. At length the canal was sold, and became the bed of a railroad, since which time the health of the citizens in that neighborhood has greatly improved.

Then again on the west side of the city, there were not only the lowlands on Mill Creek to create disease, but numerous brick ponds west and even east of Freeman street for a short distance: the former of these still exist in an almost unmitigated state; but the latter have, in great measure, disappeared. It may be justly said of the bottoms of Mill Creek, immediately west of the city, that they produce as much malaria as any other place to the same extent which can be found in the same latitude in the Mississippi valley; yet there has been nothing done to destroy these pesti-

lential vapors, and we fear they will only be destroyed by the spread of the city.

Twenty-five years ago, from Baymiller street west, bilious diseases were common every autumn, and many families had ague year after year, but now these diseases are seldom found east of Freeman street; but when they are, they are either more continued in their form, or milder in their character, or even once in a while assuming the aspects of typhoid fever. Indeed, the doctors now call most of the fevers, which appear in the western part of the city, typhoid, when they really are, in most cases, in our opinion, mild remittents. In the middle and eastern portion of the city, the fevers are mostly of a continued type. This form follows with more intensity on the surrounding hills and plains, which tendency often makes them assume a grave tendency. Not only the southern and western parts of what is now covered with buildings, but also, that portion of the city west of Sycamore street and south to the base of the hills as well as the Deer Creek valley, were subject, more or less, to intermittents and remittents. But all these parts are now covered with a dense population.

The density of the population, whilst it has caused bilious fevers to disappear, has led another, and more enduring, if not everlasting form of disease to be fixed in these localities; we mean contagious, or zymotic maladies. This has been brought about by narrow streets and improper *drainage*. We might name Clay and Jackson streets with Pleasant and many others; and South of this part of the city there are not a few streets which are very narow, such for instance as Avery and Webb, where but little pure air can exist, and as time advances and high houses are constructed, but little can be looked for there but loathsome odors and maladies of a zymotic kind, as fatal forms of eruptive fevers. It is not alone these portions of the city which now suffer; but we contemplate with melancholy forebodings those parts of the city plat, not yet improved, that will grow up with imperfections which will engender these diseases. We might name some of the streets and alleys now existing as examples; and we fear, that many more, not yet laid out, in the Valley of Mill Creek will have the same imperfections, as the want of intelligence and the love of money will cause them to be laid out and built upon ignorantly. We find, however, in some parts of the town, streets have been planned sufficiently wide for fine ventilation, and, however much we deplore what has been and what we fear may yet be done, we believe that much improvement in the mode of building, and laying out the new parts of the city will take place. But why should we complain of these things, when we know that most of the cities of the old world were made the hot beds of disease from narrow streets, high houses, and filth; and when we also know that centuries had to roll by before the authorities, in those countries, could be made aware of the causes of the great mortalities in their cities over those in the country? Now all the errors we complain of with regard to width of streets, are committed from time to time by the owners of property and the city authorities permitting them, without considering the consequences, which would eventually result. They for a time did not believe that the city would grow to any size, merely believing that we would have a big town; indeed, but little just conception of what Cincinnati would become, existed thirty years ago. Aside from what has been said, it must not be forgotten that our public markets are in bad condition. Thousands of horses and wagons are every week day spread along one, or more of the streets for many hours, with little or no municipal regulation. Now this course does not cheapen our provisions in the least, but is permited, we fear, by office holders to secure, or retain, places. We know from actual observation that during the visitation of the malignant cholera epidemics, that the malady was much more frequent on streets where markets were held, than where they were not. Those not living on such streets may think themselves secure from harm on this account; but in this they are greatly mistaken, because the particular position, or zymotic infection once produced in such places, soon finds its way to adjoining neighborhoods, or even distant places by human intercourse. These assumptions will apply as well to small-pox and other contagious diseases as to cholera. Whether we are ever to get clear of this nuisance, it is hard to say, as the board of health have most carefully avoided doing or saying anything about the matter. They make much ado about things of less consequence.

Another obvious cause of disease grows out of the lowness of factory chimneys; the vents for smoke are made any height the owner

pleases. This matter has been tested in London by forcing owners of factories to elevate their smoke-stacks, and it has been found that breathing has become easier than before by the adoption of this measure. Could each factory chimney be made fifty or sixty feet high, the city would be preserved from the smoke which it now has to endure, and the owners of factories would make by the saving of fuel.

Some 25 or 30 years ago there was much excitement at different times about the fumes from the sulphuric acid laboratory; the water in the reservoir was injured, and the people were being poisoned by it, and their lungs ruined by inhaling the vapors from this factory. The owner of the laboratory had to raise his chimney more than once to please the philosophic taste of the people, when really the laboratory never injured any one.

Another important item in a hygienic point of view is the water supply. This during the first settlement of the town was either derived from the river, or rain caught from the roofs of the houses. The river water was hauled in barrels and sold to the citizens for a good many years, then a reservoir was made, and water forced from the river by steam power into it, and then conveyed through wooden pipes over the city. The city authorities, some twenty years ago, bought out the right of the water company, and began the iron pipe conveyance, which has been rapidly extended over most of the city, and eventually will be one of the most complete systems of water-supply in the world. The main reason for this is the purity of the waters of the Ohio, which is probably not surpassed by that of any other river. The vast supply in volume will ever make it inexhaustible.

The members of the academy well know that the question of the water-supply has been agitated for long years, and often debated with little knowledge of the subject. It so happened that a man of profound understanding and a fine chemist examined the water of the Ohio at various points, and came to the conclusion that the water was the purest near the mouth of the Big Sandy, and that everywhere above Cincinnati it was of good quality for all the purposes of human life; that the amount of solid matter to the gallon was of the proper proportions, and so were the chemical elements; and that it was capable of being conveyed through leaden pipes without taking up any of the metal, which opinion has been proven correct by experience.

These statements of Dr. Locke, have never been successfully controverted since. The fact that the waters of the Ohio flow over surfaces which yield them all the mineral elements which make them healthy beyond the waters of most other rivers is owing to the fact of the proper mixture of iron and chloride of sodium and other elements; for it is now well known that the first of these elements has the power of purifying water, however impure. This is proven by passing impure water in through coils of iron wire, or letting it stand iron vessels for some length of time; the algæ which infest stagnant water so generally, are destroyed by this metal, and so are many other impurities. Another great cause of the purity of the waters of the Ohio, grows out of the fact that the river and its branches are seldom stagnant, and when stagnations do occur, they are almost always in the small branches near the heads of larger ones. One branch of the Ohio, however, has been much objected to as impure; that is, the little Miami river. Now all who know anything about the velocity of this river, from the the town of Corien to its mouth, know, that through all that distance the current is rapid, with the exceptions of a few mill dams; and the current in general is quite rapid, much more so than in most of the affluents which enter the main river, on the south side. It is true that there is more lime held in its water than in the Ohio where it empties, but still not enough to injure the water of the parent stream. Steam boilers collect no incrustations, and the water is constantly used by wash-women without any difficulty. Much has been said about the situation of the water-works, and it has been urged that these works should be removed above the mouth of that much abused stream the Little Miami. Now to draw our supply of water from that point would involve a very heavy expense, and might be thought oppressive by our citizens, and after all it would make but little difference in the constituents of the water. Admit that the river, below the mouth of the Little Miami, is rendered somewhat impure by the offal from the dense population, it must be conceded that this could be very certainly obviated by the construction of a lateral sewer running from Columbia to the mouth of Deer Creek.

It must be also conceded by men of science that water though impure, conveyed through such a vast length of iron pipes, and being ejected with great force with pumps, must be greatly benefited by the process.

But let us quote in justification of our views, from a distinguished author (Musprat) the manner in which iron acts in purifying water, which has been proved by numerous trials on waters artificially contaminated by mixing them with sulphite of hydrogen, ammonia, and urine: that, however impure water may be, it can be rendered perfectly pure and wholesome to drink, by merely allowing it to remain in contact with a large surface of metallic iron, from twelve to twenty-four hours, and then filtered through sand or animal charcoal. Pure sand cannot be obtained here, as there is always lime mixed with it; it is, however, sufficiently pure without any filter.

Another part of our duty is to report on the density and the habits of the population. With regard to the first, we can only say that, in not a few places, it is too dense for either comfort or health.

Our City Health Officer has given, in his report of February, 1869, the supposed amount of inhabitants in Cincinnati, and tells us that we have but seven square miles of territory within our corporate limits which has to sustain a population of 260,000 inhabitants. He then compares these seven square miles with the vast amount of territory within the corporate limits of other cities, for instance, New York, which has an area of 22 square miles, and, of course, has about 32,000 to the square mile; Philadelphia has 129 square miles and 6,200 to the square mile; Brooklyn, he tells us, has only 17,388 to the square mile; Chicago has 29¾ square miles; Buffalo, 37; Pittsburg, 24, etc.

Now the Health Officer states that Cincinnati has a more dense population than any city in the United States, and more dense than London, Dublin, or Edinburgh, or even any of the large cities in the civilized world. There are many considerations growing out of the above statements, which must not be passed over in silence, that will show that the Health Officer has not done us justice; for the density of the population must not be governed by the amount of square miles in the corporate limits of any city, but, on the amount of population in the parts actually built up. A city may have a large amount of territory and but a small part inhabited; but let us consider facts and we shall find that the Health Officer has made a great mistake in declaring that the density of the population of Cincinnati is greater than that of any city in the United States, and greater than that of London, Dublin, or Edinburgh. We shall begin with New York which has a territory of 22 square miles, and has 32,000 inhabitants to the square mile, but he does not inform us whether each square mile has 32,000 population or whether some parts have a very great population and some very much less. The truth is that some or more of the square miles in New York have the most dense population of any city in the civilized world. We may instance 60 acres of the 4th Ward, which contains a population of tenants, in houses or cellars, of 192,000 to a square mile. Part of this tenant population covering forty acres, including streets, or 30 acres exclusive of streets, has at the rate of 292,000 to the square mile.

We are informed that a population of 60,000 dwell upon an area of less than 3,000 lots, each being 25 by 50 feet, which gives an average of more than 20 persons to the lot. Now, this condition of the more densely inhabited part of New York makes it more crowded than any other city either in Europe or this country, that is in these crowded parts, for we find in St. James District, London, only 144,000 to the square mile. In the Holborn, 148,705, and in St. Luke's, 150,104, East London having the most, 175,810.

Now, Cincinnati has 32,000 to each square mile of corporate limits; but in some of these square miles the population is much larger than in others, possibly, in one or two there may be sixty or seventy thousand. So the argument founded on the size of corporate limits will not do. The corporation of Philadelphia takes in a whole county; but this proves nothing as to the crowding of particu parts of that city, which is, in some places, very considerable. Yet Cincinnati has crowded localities which we know ought not to exist, and which are the harboring places of typhus and typhoid fevers, as well as of small-pox, scarlatina, etc. We now have good reason to believe that this over-crowding will henceforth, in a great measure cease, for the reason that railroads carry the masses to the country every day; and what have probably a still greater influence in keeping down density of

population, are the street railroads, which now convey so many of all classes for miles from their places of business or labor.

Parks.—Within the city limits we now have three public parks, Washington, Lincoln, and Eden; the first two are small when compared with Eden park, yet they give considerable space for the exercise of children, and for their obtaining fresh air. Our German population wisely take advantage of these localities, where their children can, at least for a short time, breathe uncontaminated air. Eden park, which is only now being improved, when it shall be finished with taste, will be one of the finest anywhere to be found; it contains, we understand, more than 200 acres, and is so situated as to location and elevation, that all visitors must be delighted and exhilarated by the purity of the air and the delightful views which it yields.

But what advantage are these parks, especially Eden park, to the poor who labor all day, and return home at night to a single room, with a stove in it, on which all the cooking has to be done, even during the hottest weather? The thermometer, in these places, must be, much of the time in summer, 90°. How, in such domicils, can the poor woman, surrounded with children, enjoy health? The park is too far off for feeble limbs to carry such people from home after the labor of the day, and still more so, to drag after them, or carry their children.

These breathing places can seldom render service in such cases as these. Parks are very fine things to talk about, to decorate a city, and to give pleasure and health to those who have it in their power to make frequent, or even occasional, visits.

The question then arises, how are the laboring classes, with the poor, to be most benefited in the way of receiving fresh air, and of always living in it? For without a constant supply, no one can long enjoy complete health. The laboring part of the community, as well as the poor, must live in houses which are well-ventilated, and the former work in shops that can supply them with fresh air.

The domicils of these classes must be kept clean, the entries always well swept, and the floors often washed; with the freest circulation of the atmosphere by the windows, and other modes for the admission of air; and light too is of great importance, and can only be well admitted where the streets are wider than we often find them in our city.

But the subject of the proper mode of ventilation we shall consider in another place. In the meantime, we shall make a few remarks on baths, because they are, in a great measure, not used by the masses, who only occasionally bathe in the river or some other living stream. Indeed, we believe there are many persons who never bathe unless in a particular manner. The ancients were much in the habit of using baths, either warm or cold, especially in large cities. Rome is said to have had, during the time of Augustus, eight hundred cold bathing places, besides many for warm baths. It is true, that both the Greeks and Romans stood more in need of baths then the people of the present time, because they used no linen next their persons, and had no knowledge of soap or its uses, so that for them frequent bathing was of the greatest importance, and, we presume, that the ancients often suffered severely by zymotic diseases from their neglect of cleanliness, especially after civilization had yielded to barbarism during the dark ages.

But to return, we are convinced that public baths should be built in proper places in the city, where both sexes could at least enjoy the luxury of cold bathing; we, indeed, believe that if our citizens were to bathe several times a week, they would escape many diseases to which they are now subject; and, independent of this, they would enjoy life to a much greater extent than they now do, as well as have better health.

[TO BE CONTINUED.]

Medical Societies.

SEMI-MONTHLY MEETING OF THE ALBANY CO., N. Y., MEDICAL SOCIETY.

REPORTED BY T. D. CROTHERS, M. D.

The President, Dr. W. H. Craig, in the chair. Dr. J. V. P. Quackenbush presented a paper on

Inversion of the Uterus,

with diagrams. He believes inversion takes place at the bottom of the uterus, or in the os uteri. The uterine canal rolls out as the rectum does in prolapsus. The anatomical structure of the fibres indicates that inversion takes place in this way. The physical signs are not reliable, and the diagnosis is difficult, being often confounded with fibroid tumors. A critical exploration with both sound and finger is necessary, and then you may be mistaken. The treatment is likewise attended with many difficulties.

To replace the parts or amputate them, and improve the general health is all that can be done. In restoring the parts, unless the force used is on the line of the axis of the pelvis, the surgeon will fail. Dr. Thomas, of N. Y. City, laid open the abdomen, exposing the uterus, then by force within, restored the parts. The operation was successful, the patient recovered; the first case of the kind on record. The following case illustrates the care necessary in diagnosis: Mrs. B—— delivered eighteen months ago; labor natural; excessive hemorrhage and prostration followed, and general ill health. Was treated by an eminent physician with stimulants and tonics for some time, and then after an examination, a polypus was supposed to be the cause. No attempt at removal was made. When called to see her, pulse 140, very weak and anemic. Examination revealed inversion; whithout chloroform and with but little pain, the organ was restored in a few minutes. The second day the pulse was 80 and a rapid recovery followed. Here was a case where prolonged suffering, and, eventually, death would have followed, clearly in the power of the physician to obviate.

Dr. SABIN, of West Troy, reported a case attended with profuse hemorrhage, in which the tampon was used. The second day after, inversion was discovered. The case passed into other hands, and a year after Dr. Seymor, of Troy, replaced the organ, and complete recovery followed. Did the inversion take place at the time of delivery or after? Dr. QUACKENBUSH thinks it occurred at the time of delivery. The fact of not finding it, and the introduction of the tampon, was no positive evidence it was not present.

Dr. W. H. BAILY exhibited bloody urine from a young man who had repeated attacks of

Hemorrhage,

from the bladder, at long intervals, supposed to come from a strain early in life, and asked the society what could be its cause. Dr. Quackenbush replied he had a case similar, in which rupture of the blood vessels in the bladder was proven to be the cause.

Dr. Alexander reported a case of puerperal convulsions, in which the exciting cause was supposed to be a large dose of sulp. quinine.

Some discussion followed, in which the various modes of treatment were detailed.

Dr. Lomison exhibited a fibroid tumor of the uterus, weighing seven pounds, taken from a patient at the Lunatic Asylum, at Utica, by Dr. C. R. Heen. The patient died suddenly of some unknown disease.

The society then adjourned.

We would add, that this society meets every two weeks at the City Hospital. A recess is taken during which refreshments are served, making it both social and intellectual.

EDITORIAL DEPARTMENT.

PERISCOPE.

Anointing in Infantile Disorders.

Dr. H. GUARD KNAGGS says in the *Lancet*:

During the past eleven months I have been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin.

The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours, according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed.

The application of oil possesses the following immense advantages over the ordinary warm bath:—

1. Skin-action is more completely and permanently restored.

2. The danger of reaction is avoided, for their is no sudden change of temperature; and, moreover, the sheet of oil protects the surface from atmospheric influences.

3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.

4. It does not depress, but, on the contrary, appears to exhilarate.

It will scarcely be credited by many that the formidable affections above mentioned will frequently yield to this treatment, or at any rate show signs of abatement in from twenty minutes to four-and-twenty hours; but such is the case; though sometimes forty-eight or even seventy two hours will elapse before any decided signs of improvement oc-

cur. By way of illustration, here are a few examples out of many, and I shall be happy to satisfy any gentleman as to their genuineness :

Atrophy. My cousin, Mr. S. H. Knaggs, was called to see an infant, whom he found apparently *in articulo mortis.* The mother informed him that she had sent for him "for satisfaction only." The child was oiled, and in twenty minutes began to look about it and took its food. In the course of a fortnight it recovered its ordinary health and strength. Several similar cases have come under my notice. One of them is rather amusing. A brother practitioner himself told me of, and gave me permission to publish, the following conversation which took place between him and a parish patient : "Whose child is that?" "Why, mine, sir." "But surely not the child that I told you a week or two ago would never rear?" "It is though, sir." "Then the medicine seems to have set it to rights." "But it has had none of the medicine." "Then what have you been doing with the child?" "Why, sir, don't you recollect you told me that a friend of yours recommended that sick children should be rubbed all over with salad oil, and that I might try it if I liked, but that you had no faith in it? Well, sir, I did oil it, and the child has been improving ever since."

Bronchitis.—Last January a desperate case came under my care, which, in spite of active treatment, became rapidly worse. As a last resource I smeared it all over with salad oil, and, to my utter astonishment, there was a marked improvement in the breathing in less than twenty minutes. In a few hours the bronchitis entirely subsided.

Another case—double capillary bronchitis, neglected for several days—came under my relative's notice. He considered it too far gone for medicinal measures, and therefore ordered it to be oiled every four hours. The next day the symptoms had diminished in severity, and on the morning of the third day the child was sitting up in bed taking food, and to all appearance convalescent.

Convulsions.—In these cases the effect of oiling is sometimes truly surprising, the fit ceasing before the completion of the operation, and not subsequently returning. A patient informs me that whenever she observes the symptoms which used to precede convulsions in her boy, she at once oils him, when a calm sleep follows, from which the child wakes up refreshed.

Diarrhœa.—Some time since my cousin had an uncontrollable case of diarrhœa under his care in a child of seventeen months. I advised him to give oil a trial ; but he said it was too far gone for anything to be done. I saw the little sufferer myself a day or two afterwards, and ordered it to be oiled every six hours. There was a marked improvement immediately after the first application. By the next day the prostration was gone. Previous to this attack the child was a "puny little thing ;" but now (oiling three times a week having been persisted in up to the present time) it is "a splendid boy."

Enlarged liver in a rickety child, with bronchitis supervening.—This case has been under the care of a well-known hospital physician, who gave it up, saying that nothing more could be done for it. I ordered it to be oiled every six hours. After each application a calm sleep followed. In about seventy-two hours the bronchitis began to give way ; and a few days afterward the liver was observed to have diminished in size. The child has not since ailed.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. RUPPANER has published a reply to Dr. LEWIS A. SAYRE'S review of his (Dr. R.'s) case of Laryngo-tracheotomy, to which we referred a fortnight since. In this rejoinder Dr. R. may figuratively be said to get Dr. Sayre "into chancery," and deals him some telling hits. What Dr. Ruppaner discloses about "the great poisoning case at the Fifth Avenue Hotel" must make the virtuous soul of the chairman of the Committee of Ethics of the American Medical Association, (Dr. S.,) feel considerably disturbed. The revelation is a pointed commentary on our recent editorial on "Real Ethics."

We have never been able to coincide with Dr. NATHAN ALLEN, (of Lowell, Mass.,) either in his statistics or in his theories of population. His last pamphlet, "Population, its Law of Increase," a paper read at the meeting of the Western Social Science Association, in 1868, maintains that the native population of New England is threatened with decay, and that the chief reason lies in the false education of the women. He knocks down what he chooses to set up as the "Malthusian theory," he lays considerable stress on the doctrine of "temperaments," (which we had almost supposed was consigned to the antiquarian cabinet of physiology,) and he adds a great deal of sound advice on the physical education of woman, which we hope many will read and profit by. What he says in favor of the "light gymnastics of domestic labor and household duties," however odious to the great mass of his countrywomen, is a pill they will find sweet to the stomach, if it is bitter to the mouth.

A pamphlet of 29 pages, entitled "Correspondence Concerning a Fatal Case of Placenta Prævia" has been published in Boston, by Dr. CHARLES E. BUCKINGHAM, Professor of Midwifery, in Harvard University. Dr. B. attended the case, and after death the husband accused him of neglect, and asked him questions about the treatment. These the doctor declined on various grounds to answer, and a bitter correspondence ensued. We regret that if the doctor thought it worth while to publish this correspondence "*for the benefit of the profession,*" he should have entirely omitted what his treatment *was*, even while he adds "there is no reason, on my part, for preventing publicity." The cause of death is thus luminously (?) set forth : "The cause of death was the general shock to the nervous system of a patient, attended by one unknown to her up to the hour of labor, and who was obliged by circumstances to announce to her the danger of her symptoms and the necessity of interference."

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 23, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

DISSECTING LAWS.

We are rejoiced to see the old prejudices against the use of the human body after death, for scientific purposes, gradually dying out; and though we are not at one with a late correspondent in this journal who thinks *every* cause of death should be certified by a *post mortem*, we are equally far from that controversial medical writer we recently quoted, who called an examination of the cadaver, "a shocking profanation of the remains of the dead." The latter is twaddle, the former were too severe a load on the community.

The necessity of subjects for the proper study of our profession has led at times to excessive odium, and stimulated strange and unnatural crimes. "To burk" is a verb, the history of which is one of the most appalling the imagination could well frame; yet every word of it is true. To become skilled surgeons and careful physicians, one must dissect, and subjects must somewhere be obtained.

When the dissecting law was up for passage in this State, one of the committee to whom it was referred, and he a lawyer and an educated man, inveighed against it most bitterly as a brutal and barbarous measure.

Dr. WILMER WORTHINGTON, who was then in the Senate, and with that care for the interests of his profession which always characterized him, had taken the bill under his charge, explained to the indignant committeeman that unless bodies were provided for dissection, no physician could learn to perform his duties to his patient, nor intelligently practice his profession. This so obvious and simple fact had never occurred to the lawyer, and he promptly withdrew his objections. It is well known that in ancient Greece and Egypt dissection of the human body was forbidden on pain of death, and it is only wonderful that with a knowledge of the human organism gleaned solely from a study of the lower animals, the physicians of those days should have been so skillful as they undoubtedly were. Perhaps, however, with that devotion to science which often characterizes the profession, they disregarded the danger of detection, and conveyed a "subject" now and then to the cellar or to the garret, and had a quiet little study of its mysterious interior.

We have been led to these thoughts by seeing in the Cincinnati *Lancet and Observer* a copy of the Ohio dissecting law, recently passed by the Legislature of that State. It is not a model as our cotemporary confesses, but, we believe it worth while, to quote it in full, as a document of interest to those striving to obtain similar enactments in other States. The profession of Ohio is under obligations to Dr. Selden of Zanesville, chairman of the committee on the part of the State Society, and to Dr. Jenner, of the Senate, who is the author and earnest supporter of the bill, and to other medical gentlemen in the Legislature, who seem to have had this matter steadfastly and earnestly at heart.

"*Be it enacted by the General Assembly of the State of Ohio:* That it shall be lawful in this State to deliver to the professors and teachers in medical colleges and schools, and to the members of county medical societies that are or may be auxiliary to a State medical society, and for said professors and members to receive the remains or body of any deceased person for the purpose of medical or surgical study; Provided, that said remains shall not have been interred, and shall not have been desired for interment by any relative or friend of said deceased person, or by some county or township officer, within twenty-four hours after death; provided, also, that the remains of no person who may be known to have relatives or friends shall be so delivered or received without the consent of said relatives or friends; and provided, that the remains of no one detained for debt, or as a witness, or on suspicion of crime, nor of any traveler or stranger, nor of any person who shall have expressed a desire at any time that his or her body may be interred, shall be so delivered or received, but shall be buried in the usual manner; and provided, also, that in case the remains of any person so delivered or received shall be subsequently claimed by any surviving relative or friend, they shall be given up to said relative or friend for interment. And it shall be the duty of said professors and teachers decently to inter, in some public cemetery, the remains of all bodies after they shall have answered the purposes of study aforesaid; and

for every neglect or violation of this provision of this act, the party so neglecting shall forfeit and pay a penalty of not less than twenty-five nor more than fifty dollars, to be sued by the next friend, for the benefit of the nearest kin.

"SEC. 2. The remains or bodies of such persons as may be so received by the professors and teachers aforesaid shall be used for the purposes of medical and surgical study alone, and in this State only; and whoever shall use such remains for any other purpose, or shall remove such remains beyond the limits of this State, or in any manner traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year in a county jail.

"SEC. 3. Every person who shall deliver up the remains of any deceased person, in violation of, or contrary to,any or all of the provisions contained in the first section of this act, and every person who shall receive said remains, knowing the same to have been delivered contrary to any of the provisions of said section, shall upon indictment and conviction, be fined in any sum, not exceeding one thousand dollars, nor less than three hundred, and be imprisoned in the county jail not more than six months; and it shall be the duty of the judge of the Court of Common Pleas, at every term thereof, in the charge to the grand jury to give especially in charge the provisions of this act.

"SEC. 4. This act shall take effect from and after its passage. Nothing contained herein shall be so construed as to interfere with or repeal any laws now in force, the purpose of which is to prevent grave-robbing."

DANGERS FROM INSANE PERSONS BEING AT LARGE.

The senseless abuse of physicians by magazine and newspaper writers, for their management of institutions for the insane, and their agency in placing insane persons in such institutions, is bringing forth its legitimate fruit. Physicians are loth to have anything to do with cases of insanity; and the friends of the insane, fear the abuse and notoriety to which they may subject themselves, if they take steps to place their afflicted ones under the most favorable circumstances for recovery from their malady, or seek to protect them or the community from possible acts of violence to themselves or others.

Scarcely a day passes that does not bring to our notice cases where death has been the result of this neglect. Several are to be found in the few papers that come under our notice, at the date of this writing.

In Ohio a man has just been acquitted of murder on the ground of insanity. He killed a Roman Catholic priest. *Query*—Was he turned loose to murder another priest, or committed to a hospital for treatment? If the latter, how long before a habeas corpus, or the abuse of the newspapers will "liberate" him?

In Indiana, a woman had been insane for two years, and had attempted suicide. She had "lucid intervals." It was hardly thought that she would attempt the life of any of her family, yet in the momentary absence of her husband—who seemed to live in fear of her doing some dreadful thing, and who kept a close watch over her—she, while dressing her babe nine months old, suddenly opened the stove door, and deliberately placed the poor infant on the burning coals! The father instantly rushed in and took it out, but it only survived three hours. Will no "lettre de cachet" place her where she ought long ago to have been? But no—she has "lucid intervals," and what physician will dare "restrain her of her liberty?" It is a question for a jury of *civilians* to decide, while medical witnesses are insulted and abused by the court and the bar!

One more case and we have done with this sad record of a day—*all taken from one paper!* In Richmond, Virginia, lived an old woman, alone with an insane, or idiotic brother. She appears to have been taken ill, and he had not sense enough to do anything for her, or to notify any one of her illness. In this condition, she suffered and died, without any one to do aught for her. When discovered, she had been dead, it was supposed for three weeks, and the cows and chickens on the premises were found starved to death. The poor idiotic brother, who ought to have been in a hospital, said that his sister had been asleep for a long time, and that she was sick before she went to sleep! He had kept himself alive apparently on some coffee grains and water. For sixteen years they had lived alone. Had he been in a hospital, she would undoubtedly have been differently circumstanced, and not died in this sad way.

A Sagacious Editor.

A correspondent in Adrian, Michigan, sends us a description clipped from one of the county papers, describing a surgical operation by Dr. R. S. ———, which consisted in "*removing a tumor, or fistula, above three inches in length.*" No wonder the editor of the Adrian *Journal* waxes warm with admiration and adds: "Why suffer with these detestable diseases when we have a surgeon at call who has performed on dozens of such cases and with good results?"

He doesn't say what the doctor paid him for the puff.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 6.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Uterine Therapeutics.

(CONTINUED FROM BULLETIN NO. 3)

Emmenagogue Pill.

C. W. Frisbie, M. D., East Springfield, N. Y.

60. ℞ Assafœtidæ,
Myrrhæ, aa ʒj.
Aloës soc., ʒij.
Ferri lactatis, ʒj. M.

For lx pills. One night and morning.

Dysmenorrhœa.

Theo. Jewett, M. D., Professor of Obstetrics, Bowdoin Medical College.

61. ℞ Camphoræ, ʒijss.
Extracti belladonnæ,
Quiniæ sulphatis, aa ʒss.
Pulveris acaciæ, q. s. M.

For lxxx pills. One to be taken every four hours until relieved.

62. ℞ Ext. scutellariæ fluidi,
Decocti aloës compositi, aa f.ʒss. M.

A dessertspoonful every two or three hours until relieved.

Dr. C. W. Frisbie, of East Springfield, N. Y., writes that he has used the above formulæ in his practice many times, and, when the cases have been properly selected, with the most happy results.

Carbolic Acid in Ulceration of Os Uteri.

Dr. Roe, Coombe Lying-in Hospital, Dublin.

Dr. Roe has been for some time in the habit of using carbolic acid as a local application in cases of ulceration of the os and cervix uteri, and has found it to yield results superior to any other topical treatment which he has tried. He has used it in cases where the whole round of other applications has been unsuccessful, and always with the most happy results. He agrees with Dr. Roberts, of Manchester, who last year drew the attention of the profession to the subject, in considering it a caustic, which, as regards its severity, may take intermediate rank between the nitrate of silver and strong nitric acid, besides acting as a disinfectant, a matter of no small importance in these cases. Dr. Roe does not use it in as strong a form as Dr. Roberts, and does not consider the strong acid necessary in very superficial ulcerations. A mixture of one part of the strong acid with two of olive oil seems to answer all ordinary purposes; but in cases of very deep ulceration the use of the strong acid may be called for. In such cases Dr. Roberts desires the acid to be liquified by the addition of a very small quantity of water. This has not been found to answer the purpose in the Coombe Hospital, but it has been there discovered by Mr. Weir, that the addition of a few grains of camphor will dissolve the acid, and will, moreover, prevent it again becoming solidified, even at a freezing temperature. The application of the carbolic oil to the os uteri is best effected by soaking a little cotton wool in the liquid, securing it by a string, and introducing it through a speculum, the string being left depending out of the vagina, and the patient being directed to pull it away on the second day. This procedure is repeated in ordinary cases about twice every week. If it be desired to apply the acid to the cervical canal, it may readily be done, by passing in a gum elastic catheter smeared with the carbolic oil.

Menorrhagia.

DR. RUBEN, OF HAMBURG.

63. ℞ Ergotinæ, gr. xv.
Glycerinæ,
Aquæ destillatæ, aa. f.ʒss. M.

Dose, fifteen minims.

Our author has used ergotin in severe cases of menorrhagia with good results. In one case the hemorrhage had continued for four months at the time the patient came under treatment.

Accidental Hemorrhage During Pregnancy.

J. G. SWAYNE, M. D. PHYSICIAN ACCOUCHEUR TO THE BRISTOL GENERAL HOSPITAL, ETC., ENGLAND.

The following formulæ are of service in such cases in which the hemorrhage occurs before full term:

64. ℞ Acidi sulphurici diluti, f.ʒj.
Tincturæ opii, ♏xl.
Infusi rosæ compositi, f.ʒvj. M.

Two tablespoonsful every hour.

65. ℞ Plumbi acetatis, gr. xviij.
Acidi acetici, ♏. xx.
Morphiæ acetatis, gr. j.
Aquæ destillatæ, f.ʒvj. M.

Two table spoonfuls every other hour.

The woman is also, of course, to be kept in a recumbent position, and cold compresses applied to

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

the abdomen and vulva. Cold drinks and cold water enemata may be administered. By the employment of these expedients the bleeding may be checked and the patient carried in safety to the close of her pregnancy.

Vulvitis.

T. Gaillard Thomas, M. D., Professor College of Physicians and Surgeons, N. Y.

In the treatment of *purulent vulvitis*, if the inflammatory action run high, the woman should be kept in bed and upon a low diet. Saline cathartics should be administered. Cleanliness is to be carefully enjoined, and cooling emollient applications applied and retained upon the part. The vulva should be freely bathed three or four times a day with warm water, and a warm poultice of powdered linseed, slippery elm, or grated potato, with the addition of lead and opium, directed.

So soon as the acute symptoms have subsided, the following lotion should be kept in contact with the parts, by dossils of lint soaked in it and placed between the labia.

66. ℞. Tincturæ opii, f.℥ij.
Plumbi acetatis, ℥j.
Aquæ, Oj. M.

At a still later period the diseased surface should be painted over several times a day with

67. ℞. Liq. ferri subsulphatis,
Glycerinæ, aa f.℥ss. M.

If this treatment be not effectual in eradicating the trouble, a solution of nitrate of silver (gr. x to aquæ f.℥j) should be applied by means of a brush every other day, and the part kept constantly powdered with lycopodium, bismuth, or starch, until the recovery is completed.

Dr. Dobell's Reports of Practical and Scientific Medicine.

The American coadjutors of Dr. Dobell in this valuable and comprehensive work are Dr. A. L. Carroll, editor of the *Medical Times and Gazette*, New York city, for the general branches of Medicine, and Dr. George H. Napheys, of this city, for the department of Materia Medica and Therapeutics. It will be remembered that contributions of materials for the reports are invited from all parts of the world, especially under the following heads:

1. Anatomy—Normal and Morbid. 2. Physiology. 3. Chemistry. 4. Etiology. 5. Hygiene—Diet, Regimen, Clothing, etc., Meteorology and Climatology, Prevention of Disease. 6. Diagnosis. 7. The Management and Treatment of disease. 8. Materia Medica and Therapeutics. 9. Pharmacy. 10. Descriptions of Mechanical appliances, Instruments and Inventions. 11. Notes on Hospitals, Infirmaries, and Dispensaries. 12. Projected Experiments and Investigations.

Reports are to begin at June 1st, 1869, and end June 1st, 1870, and to be sent in *before* September, 1870.

Every contribution must be in *précis*, and authenticated by the name of the author, which will scrupulously be mentioned in the report.

Books will be noticed with special reference to the question of progress. Authors are, therefore, requested to send copies of their works, accompanied by *précis* of such portions as they think most deserving of attention in this respect.

All communications and parcels for America in the department of Materia Medica and Therapeutics must be *prepaid* and addressed to Dr. Napheys, 155, North 9th street, Philadelphia—the word *report* being written outside.

This request, Dr. Dobell informs us, is made because "in reading a work for the first time the *points which represent progress* are apt to be overlooked, whereas the author, of course, knows where to find them and can select them without difficulty." The reports for 1869, published by Messrs. Longmans, Green, & Co., Paternoster Row, London, may be obtained through any bookseller.

Mad Dogs.

The ladies branch of the society for the prevention of cruelty to animals, of this city, have made application to the Police Committee for the sum appropriated by Councils for taking up dogs running at large without muzzles, for the ensuing year. They guarantee, if this sum is given to them, to put up a building costing fifteen hundred dollars, and to take up all dogs throughout the year, and either find an owner for them or have them killed, without subjecting them to cruel treatment. That this duty should be undertaken by those who will perform it humanely, on the same terms as those who have hitherto shocked public sentiment by their brutality, is surely a great gain, and we do not see how the committee can err by allowing the experiment to be tried if only for a year.

Nevertheless we doubt very much if the practice of muzzling dogs is at all to be approved, on sound hygienic grounds, and have several times given our reason for the opinion.

Compression in White Swelling.

Drs. Panas, Labbe, and other French surgeons, have recently achieved most gratifying success in the treatment of white swellings of the knee, ankle-joint, etc., by the persistent use of an immovable splint. In several instances where amputation had actually been decided upon as the only resource left, where the swelling had fistulous openings, discharging unhealthy pus, and caries of the bone was diagnosed, three or four to eighteen months' rest in

one fixed position resulted in cure and the preservation of a useful limb. The patients were principally children, and of course judicious general treatment was combined with the surgical procedure. Cod-liver oil, iodide of potassium, anti-scorbutics, and a residence in a pure country air were combined, or alternated as required.

Writing Prescriptions.

Dr. Monod in the *Bulletin de Thérapeutique* urges physicians to use no abbreviations or figures in writing prescriptions, but to write everything out in full. Instead of

Tinct. op. deod., ʒiss,

he would have

Deodorized tincture of opium, one-and-a-half fluid drachms.

He adds: "I am certainly not the first to express the wish that prescriptions be written so as to avoid errors; God grant that I be the last." To which if there were any hope of it, we would say, Amen!

Self-Mutilation.

It is stated that a youth named Jacob Harnish, seventeen years old, deliberately cut off his foot, on Saturday last, in Lampeter Township, Penn., and when asked why he did it, replied that we are told if our hand or our foot offend us, we should cut it off. He had struck three blows, and picking up the foot, hurled it some distance from him. The mutilation proved fatal.

Some years ago we knew of an instance in which a man castrated himself on the same principal. Suppose every one was as conscientious in thus giving the words of our Saviour a literal interpretation, how many "lame halt and blind," and otherwise mutilated would be met in our daily walks (or limpings!) and what a harvest there would be for surgeons—if indeed, they were not all in the same boat!

Albany Medical College.

Dr. Thomas C. Durant, of New York, a graduate of the College and an early student of Drs. March and Armsby, has given $15.000, to endow the "March Professorship."

Drs. E. R. Peaslee and Meredith Clymer, of New York, and Dr. Wm. P. Seymour, of Troy, accepted chairs in the New Faculty.

The Transportation of Disease.

It is of the highest importance for physicians to determine whether a contagious disease can be transported, by a healthy individual, from one family to another. In a late number of the *Union Medicale*, Dr. Herard cites an instance in which, apparently beyond question, this was the case. A woman, mother of four children, paid several visits to a boarding school, a quarter of an hour's walk distant, where one of her daughters was suffering from varioloid. In a few weeks her children at home were attacked with the same disease, no exposure whatever being discoverable. Dr. H. records a similar instance of diphtheria, and we remember when practicing in the country districts of Pennsylvania, an instance of scarlet fever breaking out in a secluded family of children, which was, evidently, traceable to their physician. He had been attending a severe case of the disease nearly three miles distant, and at the same time attending the mother of this family.

The Diploma Trade.

The New York *Tribune* says: The nefarious business of selling medical diplomas has broken out again. Since the Philadelphia exposure showed that there were certain Universites and Colleges actually engaged in selling their diplomas, through a broker by the name of Hale, and the names of the institutions were given up to the scorn of the community, it was supposed their public shame would have checked these traffickers. Their operations were traced into adjoining States, and even as far as Indiana. But the new agency is in Sacramento. The applicant undergoes no examination; he simply furnishes his name and money. He is entered as a graduate upon the books of "an English college of high standing;" a diploma of corresponding date is made out and forwarded to him. The fees, as in Philadelphia cases, are $25 cash—in all, $100. Such an act, proved, should by law, render void the charter of a college or university. But in this city there are establishments of private individuals—probably quacks, who call their offices "medical colleges;"—if Philadelphia is similarly unfortunate, there are abundant sources whence diplomas may be obtained.

We trust that it is fully understood that no regular medical school in this city is, or has been, engaged in this business. There are certain so-called "universities" which do all the dirty work in that line.

The Work of a Missionary Physician.

Dr. West is missionary physician at Sivas, Turkey. He is an excellent general physician and a very superior surgeon. His salary is $650. Of course he attends the families of the missionaries and the poor gratuitously, and by instructing a medical class he has raised up some very good native physicians. When called to visit wealthy patients, who are Greeks, Turks or Armenians, he charges according to his services; and it is said that if he were settled in Constantinople, his practice would be worth $10,000 a year. All that he re-

ceives in this way, amounting to some thousands of dollars, he has placed at the disposal of the mission, to be used in aid of building houses of worship for feeble churches.

We believe Dr. West went from Binghampton, N. Y.

Pension Surgeons in New York.

It is announced from the Pension Office that the Board of Examining Surgeons for the Pension Bureau in New York is reduced to five members, namely: Dr. M. K. Hogan, Dr. James Ferguson, Dr. Charles Phelps, Dr. William O'Magher, Dr. Passmore Treadwell. The Board will meet on Wednesday, the 20th inst., and every Wednesday thereafter.

Correspondence.

DOMESTIC.

Treatment of Amputation.

EDS. MED. & SURG. REPORTER:—

Capt. N. R., of —— North Carolina regiment, was shot through the left ankle when leading a corps of skirmishers in one of the battles around Richmond, in May 1864. Limb amputated through lower third in a field hospital. The past 18 months or more, has suffered with neuralgia of the stump, more intense at night, causing sleeplessness (maugre morphine) and broken health. Has an ulcer on the face of the stump 1½ by 1 inch in diameter, which has resisted all attempts to heal for more than a year.

Dec. 23rd, 1869, 11:30 o'clock A. M.—Chloroformed. Operated by an elliptical incision, including diseased surface and cicatricial tissues, dissecting close to the bones 2½ to 3 inches, at which point the saw was applied. Found posterior tibial nerve diseased—enlarged for some distance to more than double its normal size, closely adherent to and spread fan-shaped over the end of the fibula; nerve was traced up beyond diseased part and cut off an inch and a half above the section of the bones. Ligated anterior tibial artery—posterior and peroneal; spirting at first, retracted; waited half an hour; no signs of hemorrhage; washed wound with solution chlorid. zinc (℈j to ℥j aquæ, which I had found repeatedly to promote rapid cicatrization of wounds after operations); approximated edges with two or three interrupted sutures, and dressed with narrow strips of old muslin, wet with cold water, retained with a few turns of roller bandage lightly applied, and put him to bed. As severe smarting was complained of, 80 drops tinct. opii given, to be repeated in an hour or two if needed.

Three o'clock P. M. Still suffering somewhat; ordered 15 drops solut. morphine (Magendie's). Six o'clock. No full relief. Repeat Morphine. Ten P. M. Sent for; found that there had been some hemorrhage; now checked; "cramping" pain complained of; injected hypodermically, on inner aspect of the thigh, ⅛ gr. acet. morphiæ. dissolved in eight drops of hot water; in two or three minutes quite relieved; left him sleeping.

Dec. 24th.—Called up at 4 A. M.; intense suffering had just returned; had been quiet and sleeping since last visit; (hypod. inject. about 11 preceding night,) *stump* free from pain; cool; no return of hemorrhage; cramp in calf of leg; repeat hypod. injection, same dose, over deltoid muscle; as before, relieved in two or three minutes; sleeping. Saw him again at 8 o'clock A. M.; suffering just returned; "cramping pain" in calf of leg. At nine, repeated hyp. injection same dose; seen repeatedly during the day; bladder evacuated without assistance; desiring food, which was allowed. Sent for at 9 P. M.; some suffering, but not intense, however, thought it best to repeat hyp. injection over deltoid; ordered 15 gt. sol. morph. (Mag.) during night, if needed.

Dec. 25. Called to him again at 6 A. M.; found that he had had some sleep, though nurses had given two doses of morphia without much relief of pain. Stump cool; pain in calf of the leg; Hypod. inject. 1-6 gr. Ac. Morph.; tolerably quiet through the day. 5 P. M., preparing to move him to a fresh bed, loosened dressings; active hemorrhage; tourniquet over fem. artery.

At 6, (dark). Chloroformed; stump laid bare; wound opened; coagula removed; bleeding artery sought for, (*by the aid of a tallow candle light*); couldn't catch it with forceps or tenaculum; armed a curved needle with ligature and passed it so as to embrace immediately surrounding tissues and tied it; fold of lint saturated with dilute solution of carbolic acid (Nichol's) gently pressed to bottom of the wound; edges approximated with wet strips of muslin, and these retained by a turn or two of roller. Left with anodyne powders to be given if needed.

Dec. 26. 9 A. M. Has had a comfortable night, taken two powders. Retention of the urine relieved by catheter; no hemorrhage; pulse fair; has taken sufficient nourishment. The introduction of catheter having caused some nervousness, ordered ℥ss. whiskey in milk; 5 P. M., had a comparatively comfortable day; 10 P. M., comfortable but somewhat feverish; catheter, nitrat potass. with anodyne ordered.

Dec. 27, 10 A. M.; has rested well; removed external dressings; reapplied strips with a strip of lint saturated with carbol. acid solut. over stump; 4 P. M., catheter; slight febrile excitement; ordered p. r. n. nitr. potass with anodyne powder h. s.

Dec. 28—29. Doing well. No fever. Bowels and bladder acting normally. Plug of lint removed. ordered morphine h. s.

Dec. 30—31. Daily dressing with strips and carb. acid solution.

Jan. 1. Hypodermic injection for pain.

Jan. 4. Sutures came away.

Jan. 5—6. Quite comfortable. Sitting up. Wound healing, not requiring further professional attendance.

Jan. 25. Seen healed, with nice plump, well cushioned stump. There had been no suppuration at all during the progress of the case.

If the case is note-worthy, the chief points of interest may be found in the value of the water dressing, as here employed—which in passing I may say, I have used for very many years to the exclusion of adhesive strips—and the carbolic acid as a preventive of suppuration and promoter of cicatrization, and of the hypodermic injection for the prompt relief of pain. B. W. Robinson, M. D.

Fayetteville, N. C., March 1870.

The Milk Treatment in Infantile Diarrhœa.

Eds. Med. and Surg. Reporter:

As the season of the year is approaching when diarrhœa is most prevalent, allow me to call the attention of your readers to the great benefit which may be derived from the milk treatment. From a considerable experience in the management of intestinal and gastric diseases, I am thoroughly satisfied where an irritable condition of the bowels or stomach is a prominent symptom, with the use of sweet milk in small quantities (not more than will be retained and digested—often it will be found necessary to administer *but one spoonful at intervals of two hours* for the first two or three days, nor more than the stomach and bowels will tolerate). Inanition, which is so constant in these troublesome affections, is the result of indigestion. If a large quantity of food be swallowed, it is liable to fermentation, and will frequently pass through the intestinal canal within fifteen minutes after it is taken, if not rejected by the stomach—hence, one spoonful of fluid nutriment, of which new milk is incomparably the best, in a large majority of cases, will afford more substance to the system than a plateful of solid food.

In the most aggravated cases of diarrhœa by the milk treatment, rigidly pursued, a solid form of feces will be obtained in forty-eight hours, usually; and this too, without the aid of opiates, astringents, or other drugs. When there is a very acid condition of the secretions, a little lime water may be advantageously added to the first few spoonfuls of milk—*all other fluids, including water,* should be sedulously guarded against. To allay thirst, wet towels placed on the stomach and bowels will be useful.

When there is much irritability of the stomach, mustard sinapisms will afford much relief. Tympanites and tenderness of the abdomen may be lessened by warm fomentations, of which hops, bran, and lye I regard as equal, if not superior, to all others. When there is much pain, lavements of laudanum and turpentine will often afford relief. Should they fail to induce perfect quiet (for *absolute rest in the recumbent position is important,*) a teaspoonful of laudanum, or its equivalent, in one of the salts of morphine, combined with three or four ounces of starch water may be injected into the rectum, for which purpose an elastic syringe should be used. For children, a little pledget of lint or cotton saturated with laudanum and a solution of sugar of lead applied to the fundament, will be effective in allaying tenesmus and tormina. Rarely, cases will occur in which carbolic acid will be a useful adjunct to the milk treatment, (I prefer creasote, one or two drops, ♏, j or ij to ℥j of mucilage or glycerine); sometimes, in chronic cases, blisters and setons may be required. In some very unpromising cases, I have used enemas of sub. nitr. of bismuth ℥i, to mucilage of flax seed ℥iv. In chronic cases of infantile diarrhœa, etc., the solution of zinci sulph. lauded by Dr. Wood, and in a few apparently desperate cases, seemingly complicated with ulceration of the mucous membrane, I have resorted to crystals of argent^{i} nitr., administering it internally in adults as well as by enema in both adults and infants. Among vegetable astringents, I prefer krameria, either a decoction of the root or a watery infusion of the extract, to which a few drops of alcohol should be applied before pouring on the water. When children who are teething, are affected with disordered bowels, attended by febrile symptoms, I unhesitatingly score the swollen gums and generally with prompt relief. I have reason to regret its neglect in some cases many years ago. I regard the use of gum arabic water for children, as at least useful in preventing the hard coagulation of milk, when the stomach is very irritable.

Blisters behind the ears in case of infants will often be found valuable auxiliaries in bowel affections caused by teething; and not less useful, a flannel bandage around the abdomen, supporting the lax walls and creating gentle irritation of the surface, promoting capillary circulation; salt baths, sponging with dilute nitro-mur. acid, when there is much torpidity of the liver, with clay colored stools, white or transparent discharges. To correct the acid diathesis which will usually be found to attend great irritability of the stomach, a torpid bath containing a spoonful of the bi-carbonate of soda will sometimes afford prompt relief to *all* the symptoms. When a child is very much debilitated, the surface should be

occasionally sponged with good brandy, to which some quinine may be added, particularly if the diarrhœa is attended by an intermittent fever. The judicious use of stimulants is sometimes imperatively demanded, when life flickers in the balance. In those cases in which well marked paroxysms occur, quinine will be found the sheet anchor. Nevertheless, I reiterate, that confinement to milk, to the exclusion of *all* other diet or ingesta, fluid or solid, is, in a vast majority of cases, of gastric or intestinal ailments the *sine qua non*.

I have been called to patients who had contracted chronic diarrhœa and dysentery, in Vicksburg, who were almost moribund, in one case the points of the hips and shoulders through the skin; bloody and watery discharges at intervals of a few minutes, sometimes involuntarily; the skin dry, corrugated, and yellow as parchment; tongue like a piece of raw beef; constant tormina and tenesmus, with burning thirst, and most irritable stomach; hot head and injected conjunctivæ, pinched nostrils, delirium, etc., etc., relieved in less than a fortnight. Of course, when the bowels are controlled, essence of beef, mulled eggs, gradually adding *goutte a goutte* porridge, rice, boiled meats, oysters, etc., from day to day, with moderate exercise as the strength improves, should not only be allowed, but insisted on.

It is important in the class of diseases to which this paper refers, that the patients and their friends should be fully apprised of the danger of relapse, which is often brought about by what the patient may regard as a *slight* indiscretion. I believe that fatal relapses are more frequent during convalescence from enteric disease, than any other, perhaps, all other maladies to which mankind are subject. Causes of relapse, as well as predisposing causes of the disease, are dampness, improper or insufficient clothing, depressing emotions, imperfect and injudicious aliment, long continued fatigue, which are particularly hurtful in the strumous diathesis.

My object, in this communication, has been to call attention to the paramount importance of the milk diet in the class of diseases treated of. I have incidentally referred to other remedies in rather a cursory manner rather with a view to prevent the supposition that I am hobby-horsical on the subject of sweet milk, than with the expectation of offering any other view. W. W. Alexander.
Athens, Tenn.

Effects of Sulphate of Morphia in Parturition

Eds. Medical and Surgical Reporter:—

We have been much gratified by the perusal of the several articles which have appeared from time to time in the Reporter, on the above subject, since the publication of our article in regard to the same, in vol. 21. page 111, of last year. We have believed for several years past that experience would sooner or later, cause morphia to receive the approval of such members of the profession as might be disposed to try it, in overcoming a rigid, or slowly dilated os, in an otherwise normal case of parturition. That all who have thought proper to express their opinions, or give their experience concerning its use in labor should not fully coincide in regard thereto, is natural enough, and is indeed, precisely what might be expected concerning the modus operandi of any other article of our voluminous materia medica, however well founded and respectable might be the statements of any member of the profession, as to its therapeutic action in a particular condition of the system. Like many of the now established effects of other articles on the human organism, the fact of its favorable action in parturition, though discovered by accident, renders the knowledge of such operation on the uterus none the less valuable. In announcing to the profession its action in this respect, no effort was made to clothe it in the imposing therapeutical drapery of the times. And we ventured to say, when speaking of the "parturient action of Sulphate of Morphia" in an article published more than a decade since, that we were reading a "therapeutical fact." The case then spoken of was that of Mrs. C. of Georgetown, S. C., which occurred in the winter of 1846. Observation and experience in regard to the action of morphia in labor, for a period of nearly a quarter of a century, have convinced me that its mode of operation is essentially different from that of ergot and other *direct* parturients. This may be readily comprehended when we remember that the uterus, and its neck, are supplied with nerves from different sources, and that each order of nerves is destined to perform its own particular function or office during labor. Hence, we are not surprised to find one agent acting energetically at one stage, and another exerting its influence only when the labor has advanced to a greater extent.

The body of the uterus receives its supply of nerves from the ganglionic or sympathetic system; while those distributed to the neck, are derived from the spinal, or nervous centres of animal life. Ergot, gossypium, etc, direct their action to the former, and promote contraction of the fibres of the fundus and body, thereby expelling the contents of the uterus. While morphia, chloroform, etc, acting upon, obtund the sensibility of the latter order of nerves, when suffering severely from the stimulus of distention going on in the fibres of the neck, from the mechanical pressure of the head upon them; thereby facilitating dilatation of the os, and rendering less painful, or painless, as in the case of full action of the latter article—the expulsion of the fetus by the contractions of the uterus, under the influence of the ganglionic nerves. All physicians of much experience in obstetrical practice, and who have used chloroform with their patients to any extent, are

aware that the contractions of the uterus are but little influenced by it, whether anæsthesia is more or less completely induced. And it has been my happiness to witness, in many instances, a tedious and painful case of labor, dependent on imperfect dilatation of the os, brought to an early and satisfactory termination under the liberal use of morphia. We are enabled by this view of the physiology of nervous influence in labor, to comprehend the manner in which morphia acts so happily in facilitating the dilatation of the os in such cases.

In like manner, we can readily understand why such cases are tedious, when we consider the pressure exerted upon these nerves by the mechanical stimulus of the child's head, increasing, as it does, with each recurring pain, and thereby inducing the phenomenon of reflex action. Obviously, therefore, any agent capable of obtunding or lessening the irritability of these nerves from the centres of animal life, with which the neck is furnished, may prove, when judiciously administered, at least a *negative* accelerator of parturition! Morphia and chloroform act thus. I have been much gratified to learn that similar results have followed the use of morphine in the practice of several professional friends of late, to that which was recorded in my former article, and that they were induced from the perusal of that article to give it a trial in such cases. I do not claim absolute *certainty* of action for morphia, in the condition treated of above. But I feel confident it has as seldom disappointed, when "well timed," as any other article called for under other circumstances would be expected to do. I must leave "specifics" with the self-styled eclectics, and infinitesimal gentlemen, as I have none of them.

HARVEY L. BYRD, M. D.,
Professor of Obstetrics in Washington University.

Facial Neuralgia.

EDS. MED. & SURG. REPORTER.

While practicing medicine at Leiganore, Maryland, I was called 45 miles over into the vicinity of Gettysburg, Penna., sometime in April 1863, to see Mrs. Rachel Pfoutz, a lady of excellent standing and wide circle of acquaintance.

The history of this case is, that for several years previous she had been slightly affected with neuralgia, which about six months before I was called in had concentrated its forces in the dental and lingual nerves.

The skill of five physicians of good standing had failed to relieve her, and she had been abandoned as a hopeless case. Now, she could neither speak nor masticate for over two months, conversed solely by slate and pencil—while her subsistence was effected by sucking through a glass tube, a portion of wine soup and other fluid diet. Death she said was her hope. A person weighing in health 218 pounds, was now reduced to 80 pounds. Her treatment, which had been of the anti-periodic, anti-spasmodic, and narcotic kind, had over-ruled the peristaltic action of the bowels, and the evacuations depended solely on injections. So sensitive was her nervous system that the least sudden noise produced spasms,

I saw clearly what was at first to be done—accordingly prescribed pil. comp. cath. ij., followed by sal. Rochelle ℥j. The bowels soon resumed their wonted duty, and now for a removal of the intense pain, and a tonic for the general system.

These I found in tinct. lupulin, ℥ij, teaspoonful in water every 5 hours—alternating with syr. iodid. ferri, ℥j, 10 drops in water, and aconitin, gr. j, hog's lard, ℥j. M. Ft. ung. Applied over the seat of pain. She spoke instantly, and said she was cured. The pain ceased instantly upon the first application of the ointment.

Her improvement under this course was rapid, and soon she was well. But I found in June following that there was a disposition in the nerves to resume the painful task, as the aconitin began to lose its effect.

I determined to operate at once, and addressed to Prof. S. D. GROSS, of the Jefferson Medical College, a letter as to the matter. On receiving his reply, I took my patient to Philadelphia. The eminent Professor named, incised, trephined, divided behind the bifurcation, and lifted out the dental nerve.

The patient returned home in a week, enjoyed good health a long time, but from a letter I received from her a few years ago, she tells me she suffers again some at times, but no comparison to the first—as life is since a pleasure, whereas, before our treatment, 'twas but a living death. I believe such treatment worthy of adoption.

P. J. GARDINER, M. D.

Loogootee, Ind.

Vertigo from Tobacco.

Dr. E. Decaisne in the *Gazette des Hopitaux*, adds another count to the bill of indictment against tobacco. He narrates the case of a gentleman of sixty, long accustomed to the use of tobacco, who was suddenly seized with nervous prostration and violent vertigo. His face was pale, hands and head hot, acid eructations, intermittent pulse, and a sense of heat at the epigastrium. The doctor found that the previous evening he had smoked to excess and had had a troubled night with bad dreams. A dose of magnesia, a *tisane* of gentian, and rest, relieved him, but a month or two after, five segars in an evening brought back all the symptoms. Cured of them again, the patient reduced his allowance to two segars a day, and has since enjoyed good health.

News and Miscellany.

European Items.

——In the Prussian Universities last year there were 1,644 students of medicine, of whom 160 were foreigners.

——Of the 851 periodicals which are published in Paris, not less than 46 are devoted to medicine and surgery, orthodox and heterodox.

——Dr. Oscar Liebreich, whose name is spelled incorrectly by nine out of ten writers, is chemical assistant at the pathological institute at Berlin. His researches in reference to chloral hydrate have given him a world-wide fame.

——The celebrated Rudolph Virchow has written a number of pamphlets on branches of popular medicine, and one on the tumuli of the ancient natives of north Germany. (*Hunengräber.*)

——Sir John Lubbock, M. D., is now traveling in the Holy Land.

——The medical students of Paris have petitioned the minister of education to re-open the medical schools.

——The cause of female medical education is rapidly extending in Europe, especially in Switzerland and in Prussia.

——The average income from practice of physicians, in the city of Berlin, is said by Dr. Schlesmiger to be only 600 thalers ($450) a year. Yet withal he adds, they are the best dressed and the most flourishing looking profession in the city.

Rome.

The prevalence of infectious fever at Rome is at last being taken notice of by the English papers. The *London Times* publishes a letter from a recent visitor to Rome, warning travelers against going to that city, and asserting that the hotel keepers take no precautions for the protection of their guests, who are without any compunction placed in infected rooms.

——Miss Garrett, a lady physician, has lately been appointed a member of the medical staff of the East London Hospital. Her appointment is the first recognition by hospital authorities of lady doctors.

——In Cabell county, West Virginia, is a family, the progenitors of which are aged respectively 103 and 105 years. Their descendants number more than three hundred.

——Judy thinks "doctors bills" are a "tax on patience."

Queries and Replies.

Prejudice.

A friend writes us from Jersey city, that the article on occlusion of the vagina was submitted in manuscript to Prof. A. C. Post, and Dr. A. R. Peaslee, of New York city, and read and *approved* by them. This proves that we judged rightly of the animus which inspired the letter referred to in our article on "Editorial Thorns."

Dr. J. G. D. of Texas.—"I wish to subscribe to a good journal on diseases of woman. Please recommend one."

Reply.—The *Journal of the Gynæcological Society of Boston*, James Campbell, publisher, Boston, Mass., is the one for you.

Dr. J. W. D., of Ill.—"What is the price of chloral hydrate?"

Reply.—About $1.50 an ounce, with a downward tendency.

Dr. J. F. DeB., of O.—"What is the latest and best work on Therapeutics?"

Reply.—We recommend Stillé *Therapeutics and Materia Medica*, 2 vols., $10.60, and Napheys' *Modern Therapeutics*, $2·25. We can send you either or both.

Dr. H. T. C., N. Y.—The best work on Medical Diagnosis, is Da Costa's. Price, $6. We can send it to you.

Married.

McConnell—Lacey.—March 10th, at the residence of James Lindsey, Esq., near Marseilles, Wyandott county, Ohio, by Rev. T. J. Cellar, D. W. McConnell, M. D., of Marseilles, and Miss Martha J. Lacey, of Wyandott co.

Munroe—Griffen.—At the residence of the bride's father, by the Rev. E. P. Smith, Sodus, Wayne co., W. Cragge Munroe, M. D., and eldest son of Henry Monroe, Esq., M. D., F. L. S., M. R. C. S., L. S. A., etc., etc., Hull, Yorkshire, England, to Henrietta Bushnell, only daughter of Henry Montgomery Griffen, Esq., the Evergreens, Pultneyville, N. Y.

Sears—Huyett.—April 7th, by Rev. W. W. Moorhead. Mr. George W. Sears to Miss Lizzie Greve, daughter of Joseph Huyett, M. D., of Camden Mills, Ills..

Sturgis—Hazard.—April 6th, at Newport, R. I., F. R. Sturgis, M. D., of New York, and Martha De Wolf, daughter of the late Captain S. F. Hazard, U. S. N,

Died.

Dulon.—Dr. Rudolph Dulon, of Rochester, N. Y., died suddenly, April 11th, aged sixty-three years. He was a native of Germany, and was noted for his fine education and ability. Gen. Sigel married his daughter.

Peterson.—In Weare, N. H., April 8th, Dr. James Peterson, at 70.

Shelmerdine.—In this city, on the 13th inst., Robert Q. Shelmerdine, M. D.

Zevely.—At Salem, North Carolina, Mrs. L. P., wife of Dr. A. T. Zevely, died of dropsy of the chest, consequent upon valvular disease of the heart, in the 50th year of her age.

Meteorology.

April.	4,	5,	6,	7,	8,	9,	10,
Wind.....	N. E.	N. E.	N. W.	N. W.	N. W.	N. E.	N. E.
Weather.	Cl'dy Snow Rain.	Cl'dy Snow Rain.	Cl'dy	Clear	Clear	Clear	Cl'dy
Depth Rain		7-10					
Thermom....							
Minimum..	35°	32°	38°	33°	40°	44°	46°
At 8, A. M.	38	38	46	45	50	51	53
At 12, M...	40	42	50	53	60	64	62
At 3, P. M.	40	42	47	54	61	65	64
Mean.....	38.25	38.50	42.25	46.25	52.75	56.	56.25
Barometer..							
At 12, M...	29.9	29.8	30.	30.2	30.1	30.2	30.2

Germantown, Pa. B. J. Leedom.

THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE USE OF HYDRATED CHLORAL IN INSANITY.

BY A. H. KUNST, M. D.,

Assistant Physician to the Hospital for the Insane, Weston, West Virginia.

From the best authenticated resources within our reach, bearing upon the history of *chloral*, we glean that a period of more than thirty years has elapsed since it was *first* known, and its discovery is attributed to Liebig.

Chloral, the chemical composition of which presents the following formula:

$\overline{C}_4$ H $\overline{Cl}_3$ $\overline{O}_2$ (Fownes' Chemistry),

is made by passing into absolute alcohol, to saturation, perfectly dry chlorine. The process is completed by subsequent distillation.

Chloral is a thin, oily, colorless liquid, of peculiar and penetrating odor, which excites tears; it has but little taste. By the addition to this liquid of a small proportion of water it becomes hydrated, and we have presented to us the drug under consideration— hydrated chloral. The hydrate assumes a solid and crystalline form, comes to us in irregular fragments, rather tenacious in structure, slow to yield to moderate force, and superficially bears a resemblance to carbonate of magnesia. The last article, however, which we have just received is of a more compact consistency and presents the appearance of camphor. It is very "soluble in water, thirty grains dissolving in forty of water, giving a neutral solution when pure—not affected by acids; but very readily decomposed by any caustic alkali, and thus liberating chloroform." It has a strong, fragrant, characteristic odor, and a warm, pungent, and not unpleasant taste, not altogether unlike a peculiar bitter principle contained in the walnut.

To Dr. Oscar Liebreich, of Berlin, Prussia, is the honor due of having introduced this substance to the profession, and to whose experiments we are indebted for its present uses.

The therapeutic value of hydrated chloral will appear in the cases I now propose to present. I would further state, that in the selection of these cases it has been my aim to embody the various types of insanity, as far as practicable.

CASE I. M. D., æt. 52. Dementia of eleven years standing. She was very much excited, and particularly noisy, crying, clapping her hands, and deploring some imaginary wrong committed against her friends. Slept but very little, if any, last night. Has previously been controlled by the use of narcotics.

March 9th.—At four o'clock P. M., gave her 10 grs hydrated chloral in a little sweetened water. About ten minutes after this she became quiet and remained so until brought out to supper (5 o'clock), when she began to exhibit signs of renewed excitement. Orders were given for her to be returned to her room as soon as supper was over. Heard from her at 9 o'clock: has been quiet and sleeping since supper, is easily aroused, but soon dozes again.

Prepared another dose of the chloral to be given during the night, if necessary. At ten o'clock she kicked the door, and was otherwise very boisterous and noisy, when the second dose was administered according to orders. In something less than ten minutes, the noise subsided, and nothing more was heard from her until about four in the morning, when she gave a repetition of her former demonstrations.

March 10th.—Discontinued the use of the chloral during the day, and gave in its stead a mixture containing in each dose eight grains

of alcoholic extract of conium; twenty-four grains were taken in the twelve hours. It has had apparently no effect in controlling the paroxysm, as the patient continued in an excited condition all day. Ordered ten-grain doses of chloral, prepared as before, one to be given immediately (8 o'clock, P. M.), the effect was almost instantaneous; no renewal of noise until 5 A. M., then the dose was repeated, and again the noise subsided and was not resumed until the household was in action in the morning.

March 11th.—At 10:20 P. M. the attendant called to know what should be done with Miss D., as she was making so much noise that others in the ward could not sleep. Ordered a ten-grain dose of the chloral, which had the same marked success as above reported.

CASE II.—Thomas H., 62 years old; duration of insanity, thirty years; type, periodical, from a paroxysm of which he is just recovering. Is also suffering with an attack of influenza, for which he was given a brisk purgative, etc.

March 9th.—Complains of not having slept well for the past week. Had administered to him 10 grs. chloral in a half ounce of sweetened water, at bed time.

March 10th.—Report from the patient this morning is that he passed into an easy and sweet doze shortly after taking the medicine, which continued, so far as he can judge, from two to three hours, then he awoke; soon, however, lost himself again, and slept an hour or so more, and was again aroused.

Judging from the above statement, which is worthy of credence, it is altogether probable that this patient enjoyed a refreshing rest of five or six hours' duration, then became restless again.

March 11th.—At eight, last night, the attendant repeated the dose of chloral, by orders, with much the same result as before.

CASE III.—The subject of this case, Jane C., æt. 60, of weak constitution, is of a nervous temperament, and subject to hysteria: but the most prominent features present, and characteristic of the disease, are despondency and melancholy, of a suicidal nature. This condition has existed for four years. Mrs C. walks the floor the major part of the night sometimes, impressed with imaginary fear and is deprived of her sleep. Has been unusually restless for several nights past.

March 10th.—Rest has previously been obtained by the use of morphia. Wish to discontinue it, as she begins to have some appetite for it. Gave her at bed-time 10 grs. chloral in half an ounce of sweetened water.

March 11th.—The report from Mrs. C. this morning is that she slept soundly all night, a thing which has not occured before. I may safely say, for months. She accused me of having given her a "dram."

March 12th.—Allowed last night to intervene without the use of any medicine. Mrs. C. says she spent a wakeful night. Her looks confirm the statement; and she is very nervous.

March 13th.—The effects of a repetition of the chloral last night—prepared as before—were very marked.

CASE IV.—M. T., 52 years old, five years insane, type of an acute suicidal character; the supposed cause alleged to be uterine. This patient became very fond of morphia, the use of which was prohibited in her case several months since. Has every night for weeks kicked the door and otherwise been noisy, calling for her attendants and disturbing others in the ward. Complains of great heat and burning sensation in one side; and is laboring under a delusion that she is debarred from the privilege of ever entering Heaven.

March 10th.—Sent her a dose of chloral (10 grs. to ℥ss. sweetened water) to be taken at eight o'clock (bed-time.)

March 11th.—Not a sound of distress was heard from her during the *entire* night. This was a remarkable and pleasant victory, especially to those who have been aroused time and again from their slumbers by the distressing cries of this patient. In this instance was accused of having given "hartshorn."

March 12th.—Last night Mrs. T. was raging, beating and kicking the door when the chloral was given (10 grs. as before.) It quieted her in a few minutes and she continued so until four A. M. when she again began to exhibit signs of excitement; the chloral was repeated with the same controlling influence as before.

March 18th.—A single dose of the medicine of 10 grains strength seemed not to have as good and lasting effect, night-before-last, as it has previously had. Increased the dose the succeeding night to 20 grs., which had the desired effect. It did not require repetition and the patient was quiet all night.

CASE V.—Margaret H. 42, has suffered from

a melancholia, for a number of years, is at times hysterical, is not able to sit up, and complains of a severe aching pain in the lumbar region. She is very much depressed in spirits, expressing fears that she shall never be able to walk any more. On being encouraged to hope for the better, she remarked that it would be weeks at least before she could be up again.

March 10th.—After applying a strengthening plaster, we concluded to try the chloral, and accordingly administered the 10 gr potion.

March 11th—Visited Mrs. H. this morning, and found her much relieved. In the afternoon, she walked across the hall to visit another patient.

CASE VI.—Margaret S., admitted in June '68; Dementia; no particulars as to history of the case previous to admission. Has always been manageable in a *quiet hall* until a couple of days since, when she showed symptoms of pending excitement, which increased so much that for boisterousness, obscene language, and vulgarity, we were compelled to move her to another hall and confine her to a room.

March 14th.—This evening ordered for her 10 grs. chloral, which quieted her for a short time only.

March 16th.—Last night increased the dose of chloral to 20 grs., which had the effect of procuring her a good night's rest, and enabled us to allow her again the freedom of the hall.

March 17th.—Prepared a mixture of chloral 20 grs. to the ounce of liquid, and prescribed two tablespoonfuls to be taken at bed time. The effect was not flattering, and might be called *almost* a failure.

March 18th.—This patient being very noisy last night; increased the chloral 25 gr. doses (separately prepared), one of which acted like magic, and quieted her almost instantly, and she remained so until morning.

CASE VII.—F. R., age 46, robust constitution, fifteen months insane; type, acute mania; excited upon the subject of religion, proclaims himself to be the *second* Peter. Has been taking a tablespoonful three times a day of the following mixture:

℞.	Morphiæ acetatis,	gr. vj.
	Ext. conii fluid,	f.ʒv.
	Aquæ fontis.,	f.ʒviij. M.

March 14th.—To-day Mr. R. is very turbulent, kicking the door, threatened my life, preaching, praying, and declaring that he did not intend to eat any more, and therefore refused to have breakfast.

Discontinued the above treatment and ordered the following;

℞.	Hydrate of Chloral,	ʒ iss.
	Sweetened water,	f.ʒ iv. M.

One tablespoonful every hour until he becomes quieted. Some abatement of the noise was manifest in a short time after the first dose, which was given at 11 A. M.; repeated it at 1 P. M., with an entire subsidence of the agitation. This effect was kept up during the remainder of the day by two doses more, one at supper time, and the other at 9 o'clock.

March 15th.—Mr. R. continues tolerably quiet to-day, and is taking the chloral at five-hour intervals only, making in all for the day 34 grains.

March 18th.—The case progresses much as before stated. Am still much pleased with the action of chloral.

CASE VIII.—A. M., 27 years of age, duration of insanity unknown, admitted in November, 1868, cause, constitutional; type, paroxysmal mania of an acute homicidal nature. This young man is now in a paroxysm of excitement, it being the second attack since here. He is swearing, crying, hallooing, and talks almost incessantly; has been located in the *most quiet* hall, and during the intervals of sanity, is modest, pleasant, and gentlemanly in deportment.

March 17th.—Sent him to rear hall, and ordered *two* doses of chloral, each to contain 20 grains, one to be given immediately (6 P. M.), and the remaining one during the night if the first dose fails to control the noise.

March 18th.—It was not necessary to repeat the medicine, as the patient spent a very quiet night, and appears some refreshed this morning.

CASE IX.—J. K., twenty-five, second attack, acute mania; supposed cause onanism. Has been on the following treatment:

℞.	Ext. conii fluid.,	f.ʒv.
	Opii tinct.,	f.ʒiv.
	Ferri cit. liq.,	f.ʒvij. M.

One tablespoonful three times a day.

March 16th.—This has kept him tolerably quiet until to-day; he is now very boisterous, and particularly destructive to clothing. Discontinued the above and substituted chloral:

℞.	Hydrated chloral,	ʒiss.
	Simple syrup,	f.ʒiijss. M.

One tablespoonful four times a day.

March 18th.—Not having as good effect as was hoped for; patient continues very unruly—increase the dose to several times a day.

March 19*th*.—During the afternoon of yesterday six doses were given, but with no visible effect.

Felt considerably disappointed, but having met with no better success, under similar circumstances, on other occasions, before alluded to, concluded to give the chloral in a more concentrated form, and freshly prepared doses; accordingly gave him this dose:

℞. Hydrated Chloral, ℥ss.
Simple syrup, f.℥ss.

The result was very gratifying indeed; in about five minutes he became quiet, and remained so for several hours.

March 28*th*.—We are now pursuing former treatment (conium, etc.,) in this case, and have had comparatively little trouble with him since the 19th.

In addition to the foregoing *cases of insanity*, the succeeding cases are introduced to further prove the efficacy of chloral as a hypnotic and narcotic agent.

Miss T., *attendant*, suffering with a severe attack of sick headache and facial neuralgia. After subduing the vomiting present, administered 10 grs. of chloral, which relieved the symptoms in a few minutes, and at the same time secured her about six hours of sleep.

March 12*th*.—No nausea this morning; has some neuralgic uneasiness yet. Allowed the case to pursue an uninterrupted course during the day.

March 13*th*.—Miss T. was suffering very much with her face last evening, when the chloral was brought into requisition; 10 grs. relieved her, and she reports herself, this morning, free from pain.

March 26*th*.—Will say, however, that Miss T. has since had a recurrence of the neuralgia, but it yields to the chloral.

The next case is that of the writer of this article.

March 15*th*.—From over-fatigue and too free indulgence at the table, an attack of gastralgia was the penalty. Eight grains of chloral, in just that number of minutes, however, dispersed every unpleasant symptom.

Other cases and experiments might be adduced, but we think enough has already been shown to, at least, induce others to give *hydrated chloral* a trial.

In concluding this article a few general observations are proposed:

1*st*. The effects of a moderate dose (10 grs.) of hydrated chloral are expended in about six hours; but can be prolonged by increased doses.

2*ndly*. To feel assured of pleasant results, the mixture containing the chloral should not be exposed to long-standing, but must be administered in a concentrated form, in *separately* and *freshly* prepared doses.

3*rdly*. That light and other *unknown* influences affect it, and hence should not be permitted for any considerable length of time.

4*thly*. In the quantities above prescribed no unpleasant or pernicious results were experienced, and, further, that patients under its influences are easily aroused.

5*thly*, and lastly. To every failure that occurred in the above experiments, it can be traced to either one of two causes, viz: too small a dose; or the non-observance of the facts contained in No. 2 division.

REPORT ON MUNICIPAL HYGIENE.

By Thomas Carroll, M. D.

(CINCINNATI ACADEMY OF MEDICINE, FEB., 1870.)

(Reported by J. W. Hadlock, M. D.)

(CONTINUED FROM PAGE 344.)

The establishing of bathing places would, we believe, soon be felt as well by the rich as the poor, because those who live comfortably would not be subjected to the contagious vapors from the filthy, as they now are.

We now come to the consideration of the ventilation and warming of our public edifices and private residences. It may be thought superfluous for us to make observations on these points, but we believe that no part of the advancement of the useful arts has been less understood until a very recent period, than the proper ventilation and warming of our private dwellings, or of those for public worship, or for the administration of justice, the cultivation of science, or those designed for amusement. It has indeed been known in all ages that atmospheric air was necessary to the existence of animal life, but it has not always been known that an impure atmosphere has been the cause of disease. This physical cause was not observed, but a ready solution was in the belief that evil spirits, or Satan had the power conferred on them to torment the human race. This being admitted, it was a long time before a belief could be brought about, that physical causes could produce disease, and it was still longer before

society was convinced that the causes could be successfully combated by human effort, or ingenuity. Still the belief in demons was, and even now is, in opposition to reason and common sense; and these notions are not confined to those who are considered vulgar; for the learned, who only study words without considering nature, have more obstinate prejudice than the ignorant. Whilst we acknowledge that man cannot live forever, but must submit to the fate of all animal nature, yet civilization has mitigated his sufferings, and increased the duration of his life.

Among those things which conduce to his comfort, as well as his length of days, are proper ventilation and proper warmth. The ancients built their temples without roofs, as well as their amphitheatres. Their private residences, and even their palaces, were without proper ventilation. They had no knowledge of the chimney, and quite as little of the proper method of warming their dwellings. But we must confine ourselves more to Cincinnati, and consider in what condition our dwellings and public buildings are as to ventilation and warmth. It will hardly be necessary for us to say anything with regard to these matters about private residences, as what we shall observe with regard to public structures, will give a pretty just idea of the former.

The public buildings of the city may, with propriety, be divided into the following classes: First, churches, or places of worship; second, school-houses; third, places for the administration of justice, and the management of the various interests of the city; fourth, places of amusement, as Pike's Opera House, etc. Now, these various structures have to be ventilated both winter and summer, and have to be heated during the former.

All these requirements are now complied with in different ways, which have been varied considerably within the past twenty-five years. The stove was first used, or indeed the open fire-place, or later, grates to burn coal. As time advanced the stove was removed into the basement, and surrounded by an iron or brick case, sufficiently distant from the surface of the stove to admit air on all sides, which was, and is conveyed through pipes to the apartments to be warmed. Bituminous coal is generally used as fuel, though coke is sometimes preferred. In cold weather these stoves are occasionally made red hot, which roasts the air and renders it too dry, as well as the iron takes up a small amount of the oxygen, and sets the nitrogen free, which, although it is not poisonous, does not support life. Then, again, the vapor of water in the atmosphere may, to a small extent, be decomposed, and still farther render the air impure. The dust and other matter contained in the atmosphere is often decomposed, which gives that peculiarly disagreeable odor to rooms thus ventilated and heated. This plan of ventilation and heating has the advantage of constantly admitting from without a stream of atmospheric air less or more pure, but seldom giving the feeling of comfort that pure air does; and of later date is that of conveying steam through iron pipes to various parts of structures to be warmed. This method has been adopted, to some extent, in private houses as well as in other buildings, but admits of no channels for the admission of heated air; to apartments, of course, it must be considered very defective, and probably the worst ever adopted. Our court house and jail are examples of this species of heating and ventilation. The only way in which our court rooms secure fresh air is by the doors and windows; the latter drawn down from above.

Our beautiful Cincinnati hospital is heated by steam, conveyed through pipes, and we believe that the wards for the sick have heated air conveyed into them by iron pipes, the air of which is heated by being passed through the chamber in which there are coils of iron pipes through which steam passes. The amount of this heated air is regulated by registers, and sometimes by closing the windows which admit the atmosphere into the chambers for heating. This last method, of course, is very wrong, as the registers would always answer the purpose better by regulating them. There are a few openings properly constructed to let the foul air out near the ceilings, but they are very few. These plans, which have conduits to convey heated air are very defective, because none of them have any way of keeping up a current of air from without. High chimneys are used in many places where this mode of ventilation and heating have been adopted, to invite a current of air through such conduits, and they answer the purpose pretty well. We are told that in most of our school houses the heating is frequently quite defective in conse-

quence of the direction of the winds being unfavorable to the suction produced by the stove heat, as a pipe from the casing of the stove extends directly from it through the wall of the apartment, through which the air is drawn; but if the winds are unfavorable, the current of air ceases to flow from without in, and so the heating process is checked for the time being.

Now these different methods of heating and ventilation, of which we have been speaking, are not only not proper and not founded on correct philosophical principles, but they are extremely expensive. Let us take a few examples as evidence of this: Our Court House and jail are heated, as we have said, by steam conveyed through pipes to the different parts of the buildings. The consumption of coal in producing the necessary heat for the two structures, amounts to 30,000 bushels annually. The Cincinnati Hospital, we learn, exhausts 74,000 annually, and Longview Asylum nearly 80,000 bushels. Now all our other public buildings, no doubt, consume in about the same ratio, so that the quantity of coal consumed in this way is immense, and very far beyond what it should be, or what is necessary.

There is another method of heating by water being conveyed through iron pipes instead of steam, which is now preferred in Europe; the cold water when heated rises and presses the cold before it, and mixes with it. A current is constantly kept up in the pipes, and the heat may be raised very high without danger, which is not the case with steam, as it may explode and do much damage. This latter method is no doubt cheaper than that by steam.

These methods of heating houses by steam or water confined in pipes, have nothing connected with them to keep up a change of air, that of course, inhaled by persons, in apartments heated in this way, must be exhaled, and reinhaled, over and over again, until it becomes so foul that even death may result, which we all know to be occasionally the case. You no doubt are aware, of a kind of patent strips with gum elastic attached to them in such a way, that when applied to door or window casing, no air can be admitted from without.

The effect of this so-called improvement, has been most injurious in Cincinnati. We have been with ladies, who had headache, cold feet, restlessness, with want of appetite, brought on by close rooms, made in this way; add to this the burning of coke or anthracite in such apartments, and you will have a just idea of the consequences on health. Once in a while a door is opened, and the lady feels refreshed, but scarcely knows why. Children often suffer from apartments thus ventilated; one becomes feeble, cries or rolls his eyes or head, has a dry skin with loss of appetite. The case is not understood. The doctor is called, he fears that the brain is diseased. He but too often praises the mode of heating and ventilation, and joins the parent in abusing coal smoke; he leaves but soon is recalled to find effusion on the brain and soon death follows.

The methods of conveying heated air by the use of the fan or pump, we think so important that we now give a short account of them both. These methods have the advantage of cheapness, and of always supplying fresh and condensed air to apartments to be heated or ventilated. That by the fan can best be understood by giving an idea of its adoption at the Reform Club House in London, and we can best do this by depending on Dr. URE'S description of the apparatus as engineered by Easton and Amos: "That by the fan, consists of a large fan revolving rapidly in a cylindrical case which is capable of throwing 11,000 cubic feet of air per minute in a spacious subterranean tunnel under the basement story. This fan is drawn by an elegant steam engine worked on the expansion principle of five horse power. The machine is placed in a vault under the flag pavement, makes very little noise, and requires but little fuel, and makes no nuisance of any kind. The steam condensation of the engine supplies three cast-iron chests with the requisite heat for warming the whole building, which is a very large one, each of these chests is a cube of three feet externally, and is distributed internally into seven parallel cast-iron cases each about three inches wide, which are separated by parallel alternate spaces of the same width for the passage of air transversely as it is impelled by the fan. This arrangement is most judicious, economizing fuel to the utmost degree, because the steam of condensation, which in Watt's engine would be absorbed and carried off by the air-pump, is here turned to good account in warming the air of ventilation during the winter months. Two hundred weight of fuel suffice for working this steam engine during twelve hours. It pumps water for house-

hold purposes, and raises coal to the several apartments on the upper floors (where there are some grates), and drives the fan ventilator.

"The air is flowing rapidly through a series of cells placed alternately between the steam cases, cannot be scorched, as it is generally with air stoves; but it is heated only to the genial temperature of 75° to 85° Fahrenheit, and it thence enters a common chamber of brickwork in the basement story, from which it is let off into a series of distinct flues governed by dialled valves or registers, where it is conducted in regular quantities to the several parts of the building."

Dr. Ure tells us that the British Parliament, when bewailing the fate of their fellow creatures doomed to breathe the polluted air of a factory, were little aware how superior the system of ventilation adopted in many cotton mills, was to that employed for their own comfort, in either House of Parliament. The engineers of Manchester do not, like those of London, trust for a sufficient supply of fresh air in any crowded hall to currents, by the difference of temperature excited by chimney draughts, because they know them to be ineffectual to remove with requisite rapidity the dense carbonic acid gas generated by many hundred powerful lungs.

Now let us examine for a moment the effects of the heating and ventilation of our public buildings. The wards of our great hospitals, as we have stated, are heated and ventilated by currents of air, produced by steam pipes laid in tunnels, without any forcing power; of course, these currents are in some measure dependent on the direction of the winds, and are at all times weak. Suppose now, that these currents were created by the pump or fan; they could always be regulated with exactness, and the proper density could be sustained without variation, which, in wards for asthmatic patients, could be made dense to any desired extent; which would often be of the greatest importance to comfort, if not as to cure. Another beneficial effect would result from this mode of ventilation; that is, the destruction of the hospital smell which generally exists in all hospitals. This odor the chairman of your committee got clear of when he was Physician to the Cincinnati Orphan Asylum, by not allowing the inmates to occupy any ward more that twelve hours at once and then having it ventilated during twelve hours. He found, by the adoption of this course that the health of the inmates was immediately improved, and he believes that the time will come when all great hospitals will be so arranged that this course can be taken. One of the great errors in the construction of the Cincinnati hospital is that of the amphitheater, which is the very worst ventilation that can be conceived and should not be allowed to exist, students may sleep, but they cannot think with success in it, and the teachers can only instruct in an inanimate manner.

We must not stop here, but consider the effects of the ventilation now existing in our courts of justice, churches, etc. The various court rooms are only ventilated by the doors entering them, and by the windows, which are occasionally partially opened, mostly from above, however, which lets out the foul air, and lets in some which is fresh; but this carries back some of the foul which it meets. Now this mode of ventilation, at the same time that it does not kill those within, stupifies them, and either produces head-ache, cold feet, or a disposition to sleep. A condition of this kind cannot produce that state of the understanding favorable to the administration of justice, on the part of the court, nor enable the advocate to do justice to his client, by clearness of investigation, or by eloquence. But if our courts thus suffer, how much more do the churches, by the mode of ventilation which they have. Heated air is admitted from the basement, often in a roasted state, through registers at various points, and has but little chance of escaping above. The pulpits are fixed several feet higher than the congregation, who breathe such air as they get from below. It becomes vitiated, but is so heated, though loaded with carbonic acid gas that it ascends for some feet above the heads of the hearers, so that the preacher has to inhale that which has been used once or more. He feels the weakening influence, but knows not what is the cause. After a few weeks of labor in the pulpit, he complains of head-ache, of weakness of the chest, of inability to speak long or loud, and often before the winter ends, his throat becomes sore and if he labors on, his health, after a while, is ruined, and he either quits his profession, or dies a martyr to vitiated air, which he has had to breathe so often and so much.

The question is often asked by those advanced in life, why preachers nowadays have sore throats, so much oftener than they had

fifty years ago? Few can tell, because few know the real cause. In early times, places of worship were mostly very open; the pulpits were but little raised above the congregation, or the preacher often stood on a level with them, which indeed ought to be the case now; In those early days, too, the clergyman, after the congregation was dismissed, often took a tablespoonful or two of brandy or whiskey, which aided in diffusing the circulation of blood from the throat to the general system.

We would gladly stop here and throw a veil over the ventilation of our school-houses; but the suffering of the young invite our sympathies and admonish us to say a word on the bad ventilation of our school-houses. The mode of ventilation of these places of learning, as we have said, is still imperfect but better than it was some years ago, and it seems, to us that it can only be benefited by the ventilation produced by the pump or the fan which demands the earliest consideration of the city authorities. We have to consider for a moment the result that would follow from the ventilation, by the fan, or the pump, and we cannot do better than quote the effects on man of condensed air as given by M. Junot. He says: "when a person is placed in condensed air he breathes with new facilities; he feels as if the capacity of his lungs was enlarged; his respirations become deeper, and less frequent; he experiences in the course of a short time an agreeable glow in the chest, as if the pulmonary cells were becoming dilated with an elastic spirit, while the whole frame receives at each inspiration fresh vital impulsions. The functions of the brain get excited, the imagination becomes vivid, and the ideas flow with delightful facility; digestion is rendered more active, as after gentle exercise, in the air, because the secretory organs immediately participate in the increased energy of the arterial system, and there is therefore no thirst.

But in rarified air the effects are just the reverse. The breathing is feeble, frequent, labored, and sometimes terminates in asthmatic paroxysms; hemorrhages often occur, and occasionally with a tendency to fainting; the secretions are scanty or wholly suppressed, and at length apathy supervenes.

The apparatus for ventilating and heating can be so constructed, that the large volume of air heated and passed off to the required apartments, can be filtered previously to its being received into the heating chest, and purified by being deprived of all noxious and floating matter that may be in the atmosphere. This apparatus, too, can easily be modified at little expense, so as to become the ready means of introducing, during the great heat of our summers, refreshing currents of air, at a temperature of 10, 20, 30, or even 40 degrees lower than that of the atmosphere. An apparatus of this nature attached to our churches, courts of law, school-houses, and hospitals, would be of great importance, not only to the health, but spirits of those who have to spend so much of their time in them, especially to patients confined in hospitals.

It is not our business to investigate the character of disease in the general, or to discuss the proper method of treatment. We, however, find that the small-pox has been generally diffused, and that the deaths have been numerous, which last has resulted to a considerable degree from horrible treatment. Indeed, it would seem that the management of this fearful malady is with us as bad, or even worse, than it was a hundred years ago. There is a constant fear of open windows, of cool apartments, and of cleanliness. The bed must not be changed, and a clean shirt is fearful. The diffusion of the contagion seems to be uncontrollable; this grows out of the varioloid. In about one half of the cases after vaccination, the varioloid will occur often in a very mild degree, but occasionally in a more serious form. Now, the spread of the disease depends very much upon this mild form. An individual has headache, pain in the back, with chilliness; he is unwell for two or three days; he finds a few pimples about his forehead; he then calls on a doctor—is told to keep quiet for a few days; but he now feels better because of the appearance of this sparse eruption, and walks out; passes through a crowd, and communicates the seeds of the disease to those whom he meets. In this way the disease becomes broadcast—some have varioloid and some small-pox.

Now, it has long been the opinion of the chairman of your committee, that children should first be vaccinated, and then after proper preparation, inoculated for the small pox. In some cases varioloid would follow, and in some of course it would not. By this means complete protection would be established. This course would be of more benefit in the female than in the male, because when utero-gesta-

tion exists, and a woman takes varioloid, even in a mild form, she is in danger of her life from the death of the fœtus, which may occur.

We think it unnecessary to make observations on the city as to cleanliness, as the Board of Health, for some years have kept it in an admirable condition. We presume, however, that much of the credit of this condition, is justly due to the ability and energy of the Health Officer, who has done his duty without regard to praise or censure.

The supply of various kinds of food is about as varied as it can be; every thing in the way of alimentation is eaten at pleasure, by all classes, whether it comes from the surrounding country, from the South, or from the distant North. Children begin very early to eat fruit, with most kinds of vegetables, and usually seem to receive little injury from it.

It is, however, true, that the young occasionally bring on bowel affections, such as cholera infantum, dysentery, and diarrhœa, by this habit; yet they mostly get over such attacks with ease. Those more advanced in life, up to old age, indulge in free living, as to quantity and variety, with but little injury; but, like children, they sometimes suffer from bowel affections. As the rate of mortality in the city is lower; lower, indeed, than that of most cities, we must conclude that the habits of the people are not bad, when compared with those of other cities.

Cincinnatians drink whisky, beer, wine, and whatever else will produce drunkenness; but the class who get drunk are not very numerous; yet a large number drink more or less of strong drinks; and we fear it will be long before we can be considered a very temperate people.

Note.—The Chairman has received the following note from his friend, Dr. W. P. Thornton, who has spent some years on the Continent of Europe, especially spending much time at Paris and Vienna, where he examined with care whatever belonged to his profession.

Cincinnati, March 25, 1870.

Dr. Carroll—Dear Sir:—I have listened with much pleasure to your very able report on Hygiene, read before the Academy of Medicine. You refer to the ventilation of the London Club House, as a model for hospitals, churches, and other public buildings.

Permit me to draw your attention to the hospital of Lariboisière, at Paris, as a most excellent institution in all its arrangements. It covers a space of about 40,000 square yards, is built in pavilions, separated by numerous courts, beautifully laid out in flower beds, shrubbery, walks, and fountains. Its doors opened to the sick in 1853, and contains 600 beds. It is most beautifully, solidly, and artistically built. But the most important point of this structure is its air supply. The ventilation is effected by an enormous revolving wind mill, or set of fans propelled by steam, driving a powerful current of atmosphere through an air chamber into air passages extending to all the sick apartments of the hospital, thus securing an abundant supply of fresh air, which is so necessary to institutions where many human beings are crowded together in a small space.

At the same time that the steam propels the current of air, it warms water for the baths, for all washing purposes, and cooks the food for all the inmates of the hospital.

Very respectfully, yours, &c.,
W. P. Thornton.

Thomas Carroll, Chairman,
B. F. Stephenson,
H. Smith. } Committee.

THE NATURE OF ERYSIPELAS.

An Essay read before the Philadelphia Hospital Medical Society.

By George H. Fox, M. D.

One of the Resident Physicians, Philadelphia Hospital.

Mr. President and Gentlemen:—I invite your attention this evening to the nature of Erysipelas. This disease, occurring so extensively in both hospital and private practice, soon becomes a familiar sight to the most inexperienced practitioner of medicine; and from its protracted course, its often fatal termination, and the numberless remedies which have been employed in its treatment, the importance of an accurate knowledge of its true nature becomes at once apparent. Occurring, as it does, in both an indiopathic and a traumatic form, it stands mid-way between the strictly medical and the strictly surgical affections, and claims alike the attention of both surgeon and physician. In a complete discussion of the subject, the causes of Erysipelas, both predisposing and exciting should be accurately determined. The symptoms both general and local should be carefully studied, and a correct estimate made of their relative importance. The points which characterize the disease in every case and the peculiarities occurring in but few cases, should demand an equal amount of consideration.

Such a view of the subject opens to us a field for thoughtful investigation, and I regret that from limited research, I am obliged to pass hastily over this interesting ground, merely calling attention to some of its most prominent features.

The writers upon erysipelas are without number, since every complete work on medicine, every system of surgery, and every treatise on skin diseases, must of necessity, contain a description of this affection. Few authors, however, have devoted to it the care and attention which its importance would appear to demand, and which they have bestowed upon other and less important affections. This may partially account for the confusion of ideas, and the contrariety of opinion which exists concerning the nature of the disease. For, surely, the majority of writers are exeedingly careless in their discussion of the subject, and scarcely any two agree upon every point. The surgeons, as a general rule, regard the subject in a very practical light, leaving the question of its nature to dilate upon their favorite modes of treatment. The medical writers, on the other hand, indulge in a greater amount of theory, and, consequently, present to us a greater conflict of opinion. But to the Dermatologists, with their arbitrary and diverse systems of classification, belongs the credit of involving the subject in the deepest obscurity.

Under the names of *ignis sacer*, erysipelatous fever, rose, St. Anthony's fire, etc., erysipelas has been descanted upon since the time of Hippocrates. Celsus wrote concerning *ignis sacer*, yet it is doubtful whether his remarks were applied to that disease which, at the present day, we term erysipelas. Linnæus regarded this disease as the prototype of eruptive fevers, separating it, however, from those of a contagious nature. Cullen regarded it as arising from a morbid matter generated within the body, and thrown out upon the cutaneous surface. Willan placed it among the vesicular eruptions on account of the small vesicles which are often noticed upon the inflamed surface. Wilson classes it with the non-specific; congestive inflammations of the derma.

Arndt and Watson restrict the use of the term erysipelas to diffuse inflammation of the head and face, while Nunne, Velpeau, and others connect it with diffuse plegmon, phlebitis, angeioleucitis, and even puerperal fever.

Dr. Duncan thinks that the inflammation arises in the cellular membrane, and afterwards attacks the skin. Mr. James believes that the subcutaneous tissues are secondarily affected. Mr. Lawrence holds that both the skin, areolar, and adipose tissues are simultaneously involved; while, on the other hand, Pearson has denied that the local affection partakes in any degree of an inflammatory nature. But it is useless to dwell upon the peculiar and contradictory opinions of these different writers.

The nature of the disease is, at the best, obscure, and the nosologist who strives to make it coincide exactly with others in the class or order to which he assigns it, often allows prejudice to usurp the place of reason.

No classification of diseases can, in the present state of medical science, be precise and unobjectionable. Hence a disease should be compared to, rather than associated with, kindred affections in an unbiased examination of its true nature. With this in view, let us glance particularly at certain important and undecided points, which, for the most part, are embodied in the following questions:

Is erysipelas a simple inflammatory affection, a local disease like pneumonia, or gastritis produced by external causes and developing a sympathetic disturbance of the entire system?

Or is it a constitutional disease like typhoid fever or rheumatism, attacking only those persons in whom a predisposition exists, and who are at the same time exposed to external influences?

Is the morbific cause generated within the system, or does the disease depend upon some specific poison, which enters the system from without, and produces symptoms *sui generis*, as in the case of syphilis, variola, or malarial fever?

Is erysipelas both infectious and contagious? Is the local manifestation confined to the skin, or to the skin and sub-cutaneous tissues? Or does the characteristic inflammation of this affection attack also the mucous membranes, the serous membranes and the viscera?

Not feeling prepared to express anything like a decided opinion upon these points, I submit them to you with merely a few remarks, which I hope will serve as a basis for discussion.

In regarding erysipelas as a purely local affection, plausible arguments are not lacking.

Heat, redness, and swelling, are often the first symptoms noticed, and the severity of the pyrexia, as a general rule, corresponds with the extent of local inflammation. Yet we know that the disease frequently occurs in an epidemic form. This coupled with the fact that it often spreads through hospital wards when all possibility of direct or indirect contact is removed, proves, I think its infectious nature.

And if we accept the statement that no local disease is infectious, we must of necessity regard erysipelas as a systemic disorder. By infection I mean that property which a disease possesses of propagating itself through the atmosphere; although Dunglison defines the term as "communication by immediate contact," and cites (erroneously, I think,) syphilis and scabies as infectious diseases.

Now, having decided upon the constitutional nature of erysipelas, we next consider whether it is the result of various causes acting upon a peculiar, predisposed state of the system, or whether it is a specific disease, *i.e.*, the result of some peculiar cause acting upon a normal condition of the system.

In some persons, the slightest scratch, cut or prick of a pin is apt to be followed by an attack of erysipelas, and it is a well established fact that one attack invariably predisposes to succeeding. This is not the case with other specific diseases, and it surely seems to point to the existence of some essential predisposing systemic condition. Again erysipelas is at times so prevalent that surgeons hesitate in performing any cutting operation, knowing that the disease would doubtless supervene. Now, predisposition alone cannot account for this, and the existence of some poison or epidemic influence must be acknowledged.

Since, however, neither of these views are alone unobjectionable, the truth, doubtless lies between or in a combination of the two. Hence, we may conclude that a specific poison, with a predisposed condition, is a *sine qua non* of erysipelas.

Concerning the infectious nature of the disease, I have spoken. As to its contagiousness ample proof is given, especially in surgical wards, that, by the careless use of sponges, etc., the disease may be, and often is, transferred to other patients. As regards the seat of erysipelas much latitude of opinion prevails, and the adverse ideas of several writers have already been stated. Lawrence, who is looked upon as one of the best writers on this disease, holds that the distinguishing characters of the inflammation are dependent upon the peculiar texture of the skin, and, therefore, cannot attack the mucous or serous membranes. Yet he himself admits that the subcutaneous tissues are often involved, and surely the anatomical difference between the skin and cellular tissue is far greater than that between the skin and the mucous membranes. Moreover, if the "black tongue," that fearful epidemic of the west, be in its nature identical with erysipelas, then the question admits of no further discussion.

In conclusion, a summary of the preceding brief remarks may be conveyed in the following definition, viz: that *erysipelas is a specific and often contagious febrile affection, occurring in predisposed persons, and characterized by a diffuse inflammation, generally attacking a portion of the skin and subcutaneous tissues.*

Such a view of the nature of erysipelas I am inclined to accept, and surely many facts and arguments can be adduced in its support. Yet I must confess, that in looking over the articles of various writers on this subject, I find a number of contradictory statements, any one of which it is exceedingly difficult to disprove.

Hospital Reports.

CLINIC OF UNIVERSITY OF PENNSYLVANIA.

SERVICE OF D. HAYES AGNEW, M. D.

Reported by W. H. H. GITHENS, M. D., Assistant in Clinical Service.

Aneurism Treated by Compression.

J. M. S., of Ohio, was admitted into the University Hospital on Wednesday, January 5th, 1870, to be treated for an aneurism situated on the popliteal artery of the right limb at the lower border of the popliteal space.

The patient was a dark complexioned man about twenty-six years of age and of a compact muscular build. He had been connected with the cavalry service during the war, and had received a flesh wound on the front of the right leg from a fragment of shell, in 1863. In the next year, while his horse was collecting himself to leap a ditch, the bank caved in and the horse fell on and slightly bruised the right leg. He could not connect either of these accidents with the formation of the tumor.

After leaving the army, he engaged himself in a business that kept him on his feet all day, with frequent ascent and descent of long flights of stairs,

and this severe exercise, in the patient's own opinion, was the direct cause of the tumor.

A twelvemonth ago he first observed that the leg from the knee down, was swelled. This continued for four months, when the swelling subsided and he noticed a tumor about the size of a filbert, in the popliteal space.

From this time he suffered from neuralgic pains in the limb more or less constantly, and found the tumor to be increasing in size gradually but steadily.

At the time of his admission to the hospital, the tumor was three inches in length by two in width, and was elevated nearly an inch above the surrounding surface, the bruit and pulsation were so marked that no room was left for doubt with regard to the diagnosis.

It was decided that a cure by compression, should be attempted. A bandage was firmly applied from the toes to the groin, and two Bellingham compressors were adjusted over the line of the artery. The patient's pulse numbered about one hundred beats per minute, and the action of the heart was so strong as to visibly raise one of the compresses at every contraction.

The interruption to the circulation soon caused the limb to swell, and greatly aggravated the neuralgic pain, causing the patient to be very restless. The turns of the bandage became displaced, and it is more than probable that the contractions of the powerful muscles of the thigh frequently raised the pads of the compressors, and interrupted the treatment. In order to relieve the pain and to quiet the patient somewhat, he was ordered, tincture aconite root, two drops, sulphate of morphia, ½ grain, and bromide of potassium, ten grains, to be repeated in two hours if required. The bandage was reapplied, and Messrs. Trumbull and Laws, of the medical class, volunteered to watch the patient and secure, if possible, constant interruption of the current, alternating the pressure by means of the two clamps, at different points. The patient slept but little, and was very restless, and displaced the compressors several times during the night; but notwithstanding this, the tumor was more solid the next morning. The temperature of the limb was but slightly reduced, but the toes were blue and the œdema was very great.

Thursday and Friday were passed in the same manner, but the neuralgia was somewhat controlled by the anodyne, and the restlessness was passing away. The tumor was more solid, and was contracting, but was still patulous. On Thursday night Messrs. Parvin and Simes, and on Friday night Messrs. Stillé and Kinnear volunteered their services in taking charge of the compression. On Saturday Dr. Agnew concluded that digital compression might overcome the disadvantages of the previous mode of treatment. In answer to a call for volunteers, Messrs. Hazlett, Buckley, John O. Boyd, Udelle, Musser, and Church, of the medical class, proffered their services, and at ten P. M. digital compression was commenced, and kept up without intermission until 7.30, A. M., when the clamps were replaced The compression was made at Poupart's ligament, and the nerve and vein were carefully excluded. The patient slept a little during the night. His pulse ranged from 108 to 122 per minute. The next morning the tumor was softer but smaller and still patulous, the œdema of the limb had diminished very much, and the patient was more comfortable.

At 2.30. P. M., on Sunday, a fresh relay of students, Messrs. Rentz, Ealy, John S. Boyd, Hess, Johns, Harshburger, and Esterbrook, was obtained. They maintained constant compression until relieved in the evening by Messrs. Richardson, Maine, Bilderback, Ditrill, Brecking, and Sheets, who kept it up until 7.30, A. M., on Monday, at which time the cure seemed to be complete. During the night the patient slept soundly, his pulse numbered from 92 to 107. No tumor could now be perceived in the popliteal space, the contraction of its contained coagulæ being more rapid than the subsidence of the œdema. One compressor was retained during Monday to keep the patient in bed, but on Tuesday he was allowed to be up, and on Wednesday he was discharged, cured.

The popliteal artery was entirely occluded, the leg being supplied by the collateral circulation. The neuralgia and œdema had passed away, and the tumor was now observable as a firm rounded body.

The time occupied was three days and fifteen hours of mechanical compression, and twenty-five hours of digital compression.

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

STATED MEETING—LIBRARY ROOM—APRIL 13TH, 1870.

DR. J. C. HALL, CHAIRMAN PRO TEM.

Dr. DESSAU presented a specimen of

Pleuro-Pneumonia with Empyema and Pericarditis.

Taken from a girl 3 years old, who had suffered from an attack of pneumonia and while convalescing had relapsed. The relapsing symptoms were of a chronic character, the little patient being able to walk about to within twenty-four hours of her death. The plueræ of both lungs were found firmly adherent to the walls of the thorax and to the diaphragm, the adhesions being more extensive on the left side. On the left side there was a cavity, the size of a small hen egg, the walls of which were

formed by the pulmonary pleura and a thickened false membrane. This cavity was filled with pus of a semi-solid consistence. The right lung was healthy—the left appeared to be in a state of resolution though perfectly solidified. The heart and inner surface of the pericardium were covered completely with a thick layer of organized lymph—at the apex of the heart the deposit was not so thick as elsewhere—a small quantity of fluid was contained between the heart and pericardium.

The specimen was presented, as furnishing a fair pathological illustration of the pneumonia which has lately in an epidemic form been so fatal amongst the children in the house. Attention was especially invited to the serious complication of the pericarditis, as such a complication demands prompt and careful treatment, and is not mentioned earnestly enough by writers on the subject. No notice was taken of the heart trouble during life. The specimen also gave a beautiful example of the conversion of the effused pleuritic serum into pus.

Dr. JIMENEZ remarked that he had lately examined the lungs and hearts of two patients—both children—who were affected with pneumonia complicated with pericarditis, which presented similar appearances to Dr. DESSAU'S specimen. In both his cases. as in Dr. DESSAU'S case, the pneumonia took on a chronic character.

Dr. DESSAU read the following paper, on

Ovarian Tumor.

Spontaneous internal rupture with a remaining diminished tumor with occasional increase.

MR. PRESIDENT AND GENTLEMEN:—In presenting the following case to the Society, I have thought that it will bring to your notice many points of peculiar interest, in regard to the correct diagnosis of an obscure abdominal tumor.

The subject of this paper, Jennie E——, 24 years of age, single, dark complexion, was sent to this hospital by Dr. F. F. MAURY, one of the attending surgeons, to be relieved of certain syphilitic manifestations. She had previously been under Dr. MAURY'S care, for a tumor in the abdomen, of which she gave the following history. At 13 years of age she first noticed a swelling in the right iliac region, which at first increased gradually in size, until about 3 years ago, when it rapidly increased so that she was as large as a pregnant woman at full term. Her general health in the meanwhile was good. The tumor remained at its largest size for two months, when it suddenly decreased so as to be scarcely observed. At the same time she became quite ill, being confined to her bed for two weeks, persistent vomiting being the chief symptom of her illness. After the subsidence of the tumor she noticed that unusually large quantities of urine were passed. Two years ago the tumor again suddenly increased in size and again subsided with a repetition, in a milder form, of the same symptoms as the year before. During the past year, the tumor has often increased slightly in size, the original size being equal to the head of an infant. Her menstruation had always been regular, though since she contracted syphilis it has been more profuse. Lately, while under my observation, when the tumor increased it would generally occur prior to the menstrual period, being attended with much pain of a dull character, and followed on the diminution of the tumor, by a large discharge of pale colored urine, which on examination was found free of albumen.

On examination there was found, in the right iliac and lumbar region, an ovoidal tumor of marked outlines and smooth surface, extending to the medium line of the abdomen. The tumor could be easily grasped between the two hands, was not freely movable, and felt as large as a small child's head. The tumor was dull on percussion and was rather firm to the touch, though a slight degree of fluctuation could be detected over all parts of the swelling. A vaginal examination showed the os and neck of the uterus of virgin size. There was a copious mucous discharge from the uterus. On passing the uterine sound, the lining membrane of the cervical canal appeared highly sensitive. No malposition existed. The tumor was moved free of the uterus, the sound being in position.

The difficulties of arriving at a correct diagnosis in this case were great, owing to the small size of the tumor and its attendant negative physical symptoms. The position of the tumor at once suggested the idea of ovarian origin. The history of a greater size than that personally observed, having existed, with a subsequent diminution of the tumor, gave an appearance of rupture of the cyst, especially as there was a history of more or less serious illness, and the passage of large quantities of urine, about the same time. If such was the fact, the case presents many points similar to one related by Sir Jas. Y. Simpson in his clinical lectures on ovarian dropsy. In his case the cyst was burst by a fall, the contents being partly emptied into the abdominal cavity, where they were rapidly absorbed by the peritoneum, and hurried off through the kidneys. The walls of the cyst continuing to secrete fluid, which escaped into the abdominal cavity, kept the rent open, so that the tumor was kept, by this counter-balancing action of secretion and absorption, at a size which did not demand surgical interference.

In this case there is good reason to suppose that the same pathological condition existed, as in the one just quoted—that the tumor might afterwards become larger than ordinary under such circumstances, is mentioned by Dr. Bright in an article on abdominal tumors, (Guy's Hospital Reports, vol. III.) He regarded the *simple cyst* as the most favorable

variety of ovarian growth for such a manner of termination, and as this variety may occur at a very early age, being slow in growth, of comparatively smooth surface, and not involving the constitution, the case in consideration might fairly be classed in that variety.

There remain a few points in the history of the case which detract somewhat from the above diagnosis, and if the diagnosis be regarded as correct, are at least worthy of notice. That menstruation was regular might easily be accounted for by supposing the left ovary to be healthy. Dr. Meadows has reported a case of dropsy of both ovaries, in which menstruation was regularly performed. (Trans. London Obstetrical Society, vol. X.)

Prof. T. Gaillard Thomas, in his valuable treatise on diseases of women, regards leucorrhœa as a diagnostic sign of fibroid tumor rather than of ovarian dropsy. In the present case, the discharge was undoubtedly caused by an endo-cervicitis, the result of the patient's excessive sexual indulgence. It is only fair to state that the patient was also examined while under the influence of ether, in order to test the existence of any hysterical deception, and the tumor found to be unaltered.

The condition of the tumor being so harmless as not to demand any surgical operation, and exploratory tapping was not thought justifiable—this is to be regretted, as it would at once have decided all doubts.

An election of delegates to the coming meeting of the American Medical Association being in order, Drs. J. Stockton Hough, Jas. P. S. Houston, J. M. Jimenez, and H. M. Elmer were unanimously elected.

Editorial Department.

Periscope.

Acute Orchitis Treated by Puncture.

The treatment of common gonorrhœal orchitis by puncturing the testis is advocated by Mr. Henry Smith, of King's College Hospital, London, (*Lancet.*) That pursued by Mr. Nunn at the Middlesex Hospital consists simply in the application of the cold douche to the testis at frequent intervals, whilst the patient lies in a hot bath. A case occurred the other day which determined Mr. Nunn to make use of Mr. Smith's method, and we report it as it illustrates the advantage of the timely relief of tension in inflamed structures. Possibly Mr. Smith's operation should be classed with iridectomy in acute glaucoma, an operation essentially for the relief of tension,—the fibrous sclerotic of the eye, and the tunica albuginea testis have at least a family likeness.

John B——, aged nineteen, was admitted on Nov. 13, 1869, with suppuration of the left testicle. The abscess or abscesses had burst, and apertures existed in the scrotum, yielding pus. Six weeks previously he had found a gonorrheal discharge from the urethra, and within one weak acute orchitis had supervened, which ended in suppuration, which was described as his state on admission.

At first poultices, as the most soothing application, to the inflamed scrotum, and subsequently a mercurial ointment, with the internal administration of nitric acid and decoction of cinchona, constituted the treatment, having the effect of the patient's being able to be discharged, apparently convalescent, on the 30th,—that is, after a stay of seventeen days in hospital.

On the 3rd of December, however, three days after leaving the hospital, the patient was readmitted, with acute inflammation of the opposite (right) testicle. The intensity of the inflammatory action was considerably greater, and more limited to the testis itself, than in ordinary orchitis. The pain was very severe. One-third of a grain of morphia three times a day in a pill, and mercury with camphor ointment to the scrotum, was continued until the 7th, when the testicle was ordered to be punctured at three points. The immediate result of this treatment was subsidence of pain, and resolution of the inflammation, no repetition of the punctures being needed. Tonics and wine were given from the 4th to the 28th, when the patient was discharged convalescent.

Suppuration of the testicle unconnected with either syphilitic or tubercular deposit is an uncommon result of inflammation of the organ. But it is a momentous question whether the spoiling of its special function does not more often follow prolonged inflammation than the affection is accredited with. Making allowance for the share of the general enlargement due to the distension of the tunica vaginalis by serum, the thickening of the epididymis and the cellular and other investments of the testicle, including the scrotum, there must be a balance of engorgement belonging to the body of the testicle which, if allowed to remain, cannot but imperil its secreting properties. Whatever be the plan of treatment which promises *safely* to shorten the period of tension demands attentive consideration.

Reviews and Book Notices.

NOTES ON BOOKS.

A very interesting case of the opium habit, where the means used were hypodermic injections of morphia, has been published in pamphlet form by Dr. HENRY GIBBONS, of San Francisco, Cal. He says: "Intoxication from the hypodermic use of morphia is the highest phase of nervous exaltation capable of being derived from narcotics or stimulants. After yielding to its fascinating power, there seems to be no inclination to substitute any other form of indulgence—not even the internal use of opiates. It is less dangerous than other kindred habits, because it is less available." For this craving Dr. Gibbons proposes—unnecessarily we think—the new term *Letheomania*, and the title of his pamphlet is: Letheomania; the result of the hypodermic injection of morphia.

Our readers will remember to have read in this journal several instructive articles on Iodoform, by Dr. STILES KENNEDY. He has recently published a number of additional cases and suggestions in a small pamphlet "with a view to elicit further investigation into the physiological and therapeutical effects of what appears to be a really wonderful medicine." It can be obtained from the author, Newark, Delaware, or from W. R. Warner & Co., 154 N. Third street, Philadelphia.

The cause of popularizing medical instruction is enlisting the most distinguished medical writers of Germany. We have just perused with great pleasure Prof. Neimeyer's pamphlet *Uber das Verhalten derEigenwärme bei gesunden und kranken menschen; ein populärer Vortrag.* It combines a beautiful style, with sound instruction. When will the time come when the absurd predjudices against the dissemination of medical knowledge shall disappear in this country?

Dr. W. A. LOVE, of Albany, Ga., hopes to have ready the first number of "The Cotton Zone Central Journal of Medicine" (which we have already referred to), early in May. It will be a monthly, $5.00 a year, and the editor has secured the assistance of an able corps of coadjutors. He aims to have every Southern State represented, and especial attention will be given to diseases peculiar to or most common in those portions of our country.

Dr. C. L. MITCHELL sends us a pamphlet containing an account of the formation of the Medical Department of the Long Island Historical Society's Library. The plan was this: a number of physicians joined the Historical Society with the understanding that the Society should appropriate the subscriptions they paid to the purchase of medical books and periodicals. They thus took advantage of the purchasing facilities of the Historical Society, obtained the use of its library and building, and the services of the librarian. The plan has worked admirably, and it is one which could be put in practice, *mutatis mutandis*, in many other localities.

Part VI. of vol. 3, of the Transactions of the New York Academy of Medicine, contains an excellent article by Dr. GOUVERNEUR M. SMITH, on the etiology of Bright's disease, with remarks on its prophylaxis. It contains a quantity of carefully prepared statistical matter; a discussion of the personal and climatic causes of the disease; judicious advice how to escape it; and the candid confession that though we may alleviate, cure it we cannot.

There have reached us:

The Valedictory Address to the Graduating class of the Woman's Medical College of Pennsylvania, by Ann Preston, M. D.

Ninth Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia, Jan. 1870.

Twenty-first Annual Announcement of the Woman's Medical College of Philadelphia, 1870–71.

Statuten—Entwurf fûr die Anthropologische Gesellschaft in Wein.

Aufruf zur Bildung of the same society.

BOOK NOTICE.

The Indigestions: or Diseases of the Digestive Organs functionally treated. By Thomas King Chambers, M. D. Third American Edition revised. Philadelphia: H. C. Lea. Philadelphia, 1878, 1 vol. 8vo. cloth, pp. 383. Price $3.00.

This edition of Dr. Chambers popular and excellent work, on functional disorders of the stomach, has been prepared expressly for the American market. Considerably more than a hundred new cases have been introduced, and a good part of the volume re-written. It is almost needless to say that few medical monographs in the language convey more real information than this, and that few are written in any language in a more flowing and forcible style. The general arrangement is similar to that in the previous edition, the prominent symptoms, such as vomiting, flatulence, diarrhœa, constipation, nervous disorders, etc., being taken up one after another. There is a well prepared index, and the print and paper are all that they should be.

——The Medical Department of Howard University, Washington, D. C., has now twenty-three colored, and seven white students; and it is expected that next year at least a dozen will graduate. The students have access to the Freedmen's Hospital just north of the city limits.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 30, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WHAT TO DO.

Some time ago we referred to the many important questions which should be brought before the American Medical Association, and which should be seriously considered by it, instead of wasting time on twaddle about ethics, and nugatory reports about medical education. In view of its approaching session we refer again to some of the work it has to do, and work which if it does not do, the Association will prove itself neither wide-awake to the needs of the hour, nor prompt in action, but under the control of a small clique of fluent, but inefficient leaders.

It is notorious that a diploma as Doctor of Medicine in the United States is no sort of a guarantee of medical knowledge, or even of average general education. It is even more paltry than the degree of Master of Arts, if that is possible. We say this with deep regret, and all the more sadly, because there are many who have won both these honorable distinctions after conscientious studies in institutions which ought to be of high rank. But they are classed with the vulgar crowd by the general mass of readers.

Now so far as the degree of Doctor of Medicine is concerned, the causes of the disrespect into which it has fallen, are, first, that diplomas are hawked about the country for sale like any common article of merchandise. They are boldly advertised, and the traffic is sufficiently extensive to give employment to at least two impudent scoundrels in this city calling themselves collegiate agents, one in Milwaukee, one in Washington, and another in New York city. How many beside, we know not. Again, the abundance of second and third rate colleges, organized not to furnish sound and thorough medical instruction, but in order to advertise the "Professors" (save the mark,) is an evil and a disgrace. They take in young men who could not pass an examination as teacher in a primary district school, and having taught them the least possible amount for the least possible sum of money, solemnly and with the greatest possible gravity and display confer upon them a diploma which not one in twenty can read. Thirdly, some of our best institutions grant diplomas after only a *few months* attendance, as a correspondent in this number testifies.

It were better that the empty formality of conferring degrees be abolished altogether, than that it should be continued as a fraud and a deceit as it now is. For there still remain a few unsophisticated people who think that a doctor of medicine really knows how to treat properly common diseases—which we are all aware is an absurd error.

We need a chapter of Medical Colleges with a high standard of education and a rigid system of examination, and we need some immediate action to be taken officially about the sale of diplomas, and about allowing respectable colleges to grant diplomas after a few months sojourn on the part of a student.

MEDICAL JOURNALS IN FRANCE.

Dr. Amédée Latour, chief editor of the *Union Médicale*, and formerly assistant editor of the *Gazette des Hôpitaux*, has been elected as *associé libre* of the Academy of Medicine of Paris. This is a high honor, and one deservedly won by Dr. Latour. He has, it is true, not been known as a clinical teacher or even a skilled practitioner, as he has devoted himself to medical journalism and to medical literature. High-toned, honest, and independent, he has commanded the respect of others, while he fearlessly disregarded their prejudices.

The medical writer in this country is often regarded with suspicion, as an indirect advertiser, but when he does not practice, like M. Latour, this can hardly be attached to him. The specialty of medical literature for the public as well as the profession, is really not understood with us. Let us learn a lesson from our friends across the water.

The Parisian medical journalists aid one another when in distress, and dine together at stated times when in health. This is a wholesome state of matters, and one, moreover, which is fraught with many benefits to the whole profession. On a recent evening, the members of the medical press had a banquet at the Grand Hôtel du Louvre, at which every journal relating to medicine and medical science was represented. It is proposed to continue these social meetings once a month; and, with a view of carrying out this plan, a committee has been constituted, consisting of MM. Caffe, Lapeyrère, Le Sourd, Linas, de Ranse, and F. Roubaud. These gatherings are intended to embrace all the gentlemen connected with the medical and medico-scientific press of Paris.

M. Félix Roubaud has just started a new medical journal. It is "*cautionné et timbré*"; so that it is evidently intended as an organ of medico-political opinions, as well as of medical science. The ordinary medical journals do not pay caution money or stamp-duty, and are consequently legally disqualified from treating political questions. The name of the new journal is "*L' Opinion Médicale.*"

Recently the *Gâzette Hebdomadaire* received a warning from the government for discussing some statistics of population and public hygiene; that paper, not being stamped, and having therefore no right to venture on questions relating to the administration!

Notes and Comments.

Chloral in Insanity.

Dr. R. Hills, in transmitting us the paper on this subject in this number says:

"The accompanying paper prepared by my assistant physician, on the use of the newly introduced medicinal agent, Hydrated Chloral, embodies some of our experience with it in a direction to which we have as yet seen no allusion. Its happy effects in a class of cases that are always found in our hospitals, exceedingly annoying and troublesome of management; so free from the uncertainties of most hypnotics, the evils that often are inseparable from the use of opiates; the troublesome administration, brief effect, and danger in the use of chloroform; have made the chloral, in our estimation, the greatest boon ever bestowed upon our specialty. We commend it to the attention or all practitioners, but especially to those in charge of the insane."

The employment of chloral, however, in such affections is not untried in Europe. In the *Revue de Thérapeutique*, of November 30, 1869, one case of rapid sedation in an epileptic and insane patient is recorded, by the hypodermic use of chloral. And in the *Bulletin de Thérapeutique*, of Feb. 28th, 1870, M. Couyba, *interne* in the hospital La Salpêtriére, reports a number of cases of mania soothed and quieted in an eminently satisfactory manner by the same agent. No doubt it will be found of decided value.

The Diploma Trade.

A correspondent sends us a slip from the *Kansas City Journal* entitled "How M. D.'s are manufactured." It exposes the method of operating of a rascal in Milwaukee, whom we ourselves once showed up, and who runs the "Milwaukee Medical ard Surgical Institute," what ever that may be. The following is an extract from his confidential circular.

"In cases when it seems justifiable some of the schools have decided to confer diplomas upon physicians who although they may not have attended the full course of lectures have had sufficient experience in the study and practice of medicine to compensate for the deficiency. Five years reputable practice without having attended lectures, or one course of lectures and three years' practice are considered an equivalent.

"This action of the schools, however, being 'irregular,' and rival schools being always ready to seize upon any pretext to injure their reputation, *it is necessary that the Faculties should not be approached upon this subject;* but all business of this kind must be *strictly confidential*, and transacted through their *private agents.*"

So long as "respectable schools," pander to their own supposed interests by conferring a degree after a few months attendance during *one winter*, as it appears they sometimes do, just that long will all talk about elevating the profession and the "standard of education" be barren twaddle. We have a case in point, which we may refer to again.

Progressive!

The physicians of Boston—some of them at least—are certainly in advance of the world. Here is the advertisement of one, and a "regular," too, if we may take as an evidence the fact that his name occasionally appears in respectable connections:

Dr. ——— ——— ———,
SPECIALIST FOR DISEASES OF THE CHEST,
(Especially for the artificial calcification of tubercles.)
No. ——— ——— PLACE.
Office Hours, from 11 to 1 o'clock.

This "specialist, especially" for running a humbug procedure, but perhaps a profitable one, would certainly be less at home in more conservative localities. We are curious to know how far "that sort of thing" is endorsed at the "Hub."

Colored Delegates at the American Medical Association.

A distinguished member and ex-President of the American Medical Association, writes to us his opinion on the question of the admission of colored delegates as follows:

"If a colored man appears, possessed of the proper credentials, from a society *entitled to representation* according to the constitution and by-laws, let the Committee register him without question. Let him come in and go out and sit in the Convention just like any other man, without any special notice of any kind whatever. By treating him thus, *it would spoil* all the public notoriety, the newspaper slurs, and the mischiefs expected by those who are instrumental in sending him there. There are some things that will speedily die if let entirely alone, but which will *live and thrive just as long* as they can attract opposition and notoriety."

Napheys' Therapeutics: Unprecedented Sale.

The first edition of a strictly professional book—Dr. NAPHEYS' *Modern Therapeutics*—has had a sale which may be regarded, we think, as almost unprecedented. In five weeks from the time it was ready for delivery, and before it had received notices in the journals, between 800 and 900 copies were sold, thus at once nearly exhausting an ordinary edition. We are in receipt of a number of appreciative testimonies to its value as a hand-book to the practising physician. One just now at hand says, "I would not be without it for, not $2.25, but $20.25."

Boston Journal of Chemistry.

This journal having increased its price to $1.00 a year, we shall be obliged to charge fifty cents (50 cts) a year hereafter for commutation price. A different statement in a late number of the REPORTER was founded on a misunderstanding of a letter from the publisher.

A New Proof of Insanity.

The *Christian Advocate and Journal* says: "We had supposed that between cases of wills and murders the whole grounds of proofs of judicial insanity had been traversed in the courts; but another has been discovered. The testator, whose disposition of his worldly property is not agreeable to his son and heir-at-law, it is alleged was 'very peculiar in his religious views,' and 'while praying made peculiar gesticulations, and swayed himself to and fro,' and therefore the young hopeful asks the court to adjudge said testator *insane* and the will *invalid*. It is quite possible that the courts will grant the prayer, for both judges and juries seem to be peculiarly gifted in detecting insanity—the former especially where there is a money consideration at issue."

The charges of venality have usually been laid at the door of the physician in these cases. We are glad to have the responsibility divided; but we would respectfully suggest referring such cases to juries of *experts* and not of civilians.

Statue of Desgenettes.

A Statue by Robinet of the celebrated Dr. DESGENETTES is to be placed on the Academy of Medicine at Paris as a pendant to that of Larrey. It represents Desgenettes in the Syrian campaign inoculating the virus of the pest, which was then decimating Napoleon's army, into his chest, to prove to the survivors that it was not infectious. Owing to his audacious courage, the lives of many men were saved, although the doctor felt to the last day of his life the result of his terrible inoculation. The statue possesses great anatomical merit, showing Desgenettes while under the influence of his dangerous demonstration.

Cholera on the East Coast of Africa.

In six weeks 10,000, persons had died of the disease in the town of Zanzibar, and 30,000 in the whole island. At Quiloa 200 slaves were dying every day; the mortality among this class had reduced their price to a dollar a head. An expedition of many men despatched by Dr KIRKE, with supplies for LIVINGSTONE was arrested by cholera, all except very few having perished. The traveler was supposed to be at Ujiji, to which place it was hoped the cholera had not extended. But communication with the coast had been entirely suspended by the pestilence.

It would seem then that Dr. Livingstone may be in danger from cholera, even if he has escaped the other perils which it has been reported have overtaken him.

Professor Horsford's Preparations.

We have for sometime been using, in our family, with great satisfaction, the dietetic preparations of Prof. Horsford, manufactured at the Rumford Chemical Works, Providence, R. I. The distinguishing characteristic of nearly all these preparations is the part that the phosphates hold in them. They are recommended, and, we think, justly so, as entirely free from any deleterious ingredient. They should be used in every family, and can be procured at moderate cost, from any respectable grocer.

Horsford's acid phosphate is a very nice preparation, where the practitioner wishes to avail himself of the therapeutic action of phosphoric acid, a remedy that should be much more generally used than it is.

Correspondence.

DOMESTIC.

Version.

EDS. MED. & SURG. REPORTER:

I can not agree with the report of Dr. C. C. HILDRETH, in the REPORTER, (No. 680) when he says, "The cephalic version is by far the safest operation, both to the mother and child," for the following reasons:

1. The comparative mortality of cephalic and podalic versions is not settled by the present experience and facts as all obstetricians of any experience know as most of the fatal cases (where we know the cause) are the result of other complications independent of version.

2. "Loss of the liquor amnii, hemorrhage, exhaustion, rupture of the uterus, inefficient pains, puerperal convulsions, where the forceps cannot be applied." Dr. H's exceptions are precisely the exceptions we all know that cover nine-tenths of the cases requiring version of any kind.

3. Cephalic version makes the fundus of the uterus the "*point d'appui*," and in the external and internal pressure required to return the arm and shoulder, more force is actually used than in the gradual introduction of the hand, and when in the process of rotating the child, the pressure in the cavity is constantly changing, and no one point furnishes resistance, and consequently there is less danger of rupture.

4. Chloroform [possibly the cause by suspension of circulation and "heart clot" of some of the sudden unexplained deaths that occur two or three days after a confinement]—is required by the increased time of manipulation, and the non-tolerance of the woman, far more in cephalic than in podalic version.

5. If it be Dr. Wright's experience "that it is never advisable to empty the uterus for the arrest of puerperal convulsions, if possible to avoid it," and that "cephalic version, aided if need be by the forceps, offers the best prospect for success," I think few physicians will agree with him, and all will say it is neither *safe* nor *possible to avoid it.*

6. If cephalic version *is* an unfinished operation, and as delay and exhaustion *are* the great dangers to be feared, Prof. Miller's objection holds good, and a woman should not suffer both version and forceps if it can be avoided,—nor in a nervous and worn-out condition be subject still to a regular completion of labor after an operation.

7. I admit that unusual circumstances, such as the desire to save the child in a primapara, or other reasons, may render cephalic version, in cases, to be preferred, but as an axiom "the mother before the child," is the rule where there is a question of safety: and having performed version by the feet more than sixty times, with chloroform, and with but one death, (by uræmia,) we think it, until farther proof, the best method, in a very large majority of cases.

H. L. W. BURRITT, M. D.

Bridgeport, Conn.

Dislocation of the Hip in a Child.

EDS. MED. AND SURG. REPORTER:

Knowing the dislocation of the hip joint to be of very rare occurrence in children, I thought I would send you an account of a case which came under my care on the 26th of December, 1869.

The patient was a boy nearly seven years old, and on the day previous was at play with his brothers and sisters, when falling down upon his knee, he was unable to get up again. At the time of the accident, the parents were absent from home, but on their arrival supposed it only a sprain, and treated it accordingly. As the child did not rest or sleep any through the night, I was sent for early in the morning.

Upon examination, I told them that instead of a sprain they had a dislocation of the hip-joint, which they could hardly think possible. The head of the femur was thrown backward and upward on the dorsal surface of the ilium.

I got in readiness what I thought I should need, and then proceeded to reduce the luxation by the method taught by Prof. Gunn,—Find out as near as you can the position of the limb at the time of the dislocation, then by getting it to the same position the reduction is easily accomplished. Following this plan I reduced the dislocation very easily; placed my little patient on his back, put a bandage around his hips and thighs so that he could not get it out of place, gave him a Dover's powder, and told him to keep quiet and go to sleep; gave instructions that he should be kept as quiet as possible; and as there was some swelling, ordered a water dressing with tincture of arnica. Saw him three times during the next ten days, at the end of which time, the swelling had subsided, and everything was doing as well as I could expect.

At the end of the next week he had improved so rapidly that I let them put on his clothes, and she sat up part of the time, but still keeping his knees tied together to avoid any accident.

I then gave them permission, in about ten days, to get a crutch for him, and by using care, let him go about the house. In six weeks he could walk about the house, and at the present time, nearly three months, you can scarcely tell that any accident had happened to him. From my reading on this subject, I think he has made a very rapid recovery.

S. J. STARR, M. D.

Ames, Iowa.

Iliac Passion Cured by Injections of Infusion of Tobacco.

EDS. MED. & SURG. REPORTER:

On Aug. 9th, 1864, I was sent for, in great haste, to see "little Tom" Parker, of Jefferson county, Georgia, but, being from home, I failed to see him till the next day. I found him suffering fearfully from what the old medical writers call *iliac passion*, *i. e.*, a stricture of the ilio-cœcal valve, with intense pain and soreness of the ascending colon. (The cœcum became inflamed soon afterwards.) I instantly gave him 180 grains of calomel, as he had been vomiting a little, and the peristaltic motion of the bowels was beginning to be reversed, as is always the case in this affection. He retained this dose, into which I had mixed two drops of croton oil. But after the lapse of 4 or 5 hours, as his bowels were still unmoved, despite injections of warm water, and soft soap, and of boneset tea, and a hip-bath in this tea, I gave him another teaspoonful of calomel. He ejected this soon after he had swallowed it. I remained all night with him. On the morning of the 11th, finding his bowels still bound, and dissolution rapidly approaching, I gave him an injection, *per anum*, of strong tobacco tea. He passed it off immediately, and with it several hard lumps, supposed to be green peaches, which he had swallowed half chewed, and which had, doubtless brought on the attack. In about half an hour I repeated the injection, with like results, and again in about 10 minutes. He was now relieved of the pain and stricture, but was very pale, sick, and feeble, from the tobacco. A drink of strong pepper tea, however, revived him.

I now put him on *Hydr. cum creta*, every four hours; and by night he had two copious operations. Tobacco is the greatest relaxant of the system of which *I* have any knowledge; and there is positively no danger in its use. The system always recovers rapidly after it. This medicine is not the only one which will give quick and permanent relief in this dangerous affection; a drachm of soda, in solution, injected, and followed immediately by a corresponding solution of tartaric acid, will do it. This treatment will relieve *Intussusception* almost instantly; but the patient will be puffed like a bladder, very suddenly. No danger from this, however. This soda and tartaric acid treatment I learned from Dr. Tate, of West Point, Georgia. WM. HAUSER, M. D.

Jefferson County, Ga.

Injury of Skull, Compression and Death.

EDS. MED. AND SURG. REPORTER:

On the morning of March 12, I was called to see a young man, who had received about an hour before, a blow upon the head with a spade. I found him sitting up, perfectly conscious, and in good spirits. Upon examination I found that the spade had penetrated the left parietal bone, making a fissure wide enough to admit an ordinary probe, and about three inches in length. A small amount of cerebral substance had escaped from the wound. I removed what fragments of bone I could find, closed the external wound, and gave directions for the constant application of cold water to the head.

March 13.—Found my patient still in good spirits. Pulse and temperature good; said his head did not feel at all "sore." During the day without my consent he left the house, and walked about in the yard.

March 14.—Patient seemed to be doing well, though he would not talk to any one except myself. In the afternoon I discovered symptoms of a commencing encephalitis. I placed the patient upon the usual antiphlogistic treatment.

March 15.—My suspicions of inflammation were confirmed by a hot scalp, *contracted* pupils and forcibly beating carotids. The condition of the pulse did not admit of venesection.

On the morning of March 16th, I had Dr. J. P. SMITH to see the case with me. To my surprise, the symptoms of inflammation had almost entirely disappeared, but there was unmistakeable evidence of compression. Patient comatose, pupils now *dilated*. We opened the external wound and made an exploration for the purpose of ascertaining at what point along the wound the pressure existed, with a view of trephining. This we were unable to determine. We both believed the compression due to a clot, and our reasons for this conclusion will be apparent.

Patient died at 9 o'clock, P. M. On the following day I made a post mortem examination and found three triangular pieces of the internal table greatly depressed. The spade had penetrated the anterior lobe about half an inch. A fragment of bone nearly $\frac{1}{4}$ inch long was found buried in the brain. Pus was found covering entire surface of left hemisphere, though in but small quantity.

Query: Why were the symptoms of compression not manifested sooner? J. M. CARN, M. D.

Miccasukie, Fla.

Treatment of Tape-Worm.

EDS. MED. AND SURG. REPORTER:

I desire to add my testimony to the efficiency of oil of turpentine as an anthelmintic, in expelling tænia solium.

Mrs. J——, æt. 40, has been troubled with tape-worm for five years; although she was uncertain as to the nature of her trouble up to about one year and a half ago, when she commenced passing segments of the worm, and continued to pass them, from ten to fifty joints at intervals, up to the time

she came under my treatment, about four weeks ago.

Having had no experience in the treatment of tape-worm, I was induced to try the oil of turpentine, it being recommended so highly by various writers in your excellent journal during the fall of 1869.

I ordered oil of turpentine one ounce in the morning, fasting, to be followed in two hours with one ounce of castor oil. That evening she passed six feet of the worm, and the next morning twelve feet, including the head; both pieces were dead; the portions she passed before taking the medicine always came away alive; she is now fleshing up, and says she feels like a different person.

She has been under treatment by several physicians during the past year, with what remedies I am unable to say.

A. H. Underwood, M. D.

London, Ohio.

News and Miscellany.

American Medical Association.

The following commutations have *thus far* been obtained:

Morgan Line of steamers (N. O.), will pass delegates for *one fare* the round trip; the Charleston & Savannah; Atlantic & Water Line, via Knoxville or Nashville & Louisville; Orange & Alexandria; South Carolina; North-Eastern; Short Line between Louisville & Cincinnati, Railroads will *return free* on certificate of Permanent Secretary.

The following issue excursion tickets the round trip:

N. J. Transportation Line $10.70.

The Baltimore & Ohio, at *one fare.*

New York and Washington Air Line, one-third less.

Milwaukee & St. Paul,	one fare.
Milwaukee to Chicago,	do.
Louisville & Cincinnati,	do.
Louisville & Nashville,	do.
Mobile & Ohio,	do.
Mobile & Montgomery,	do.
Steamers of Mobile Trade Co.	do.
Memphis & Louisville,	do.
N. O., J. & G. N.,	do.
Tennessee & Virginia,	do.
Mississippi Central,	do.
Memphis & Charleston,	do.
Hannibal & St. Joseph,	do.

Boston to New York, at $7.

Louisville & Cincinnati Steamers, $5, including meals and rooms.

Philadelphia, Washington, & Baltimore, to Washington and back for $6.50.

The delegates from New Orleans will leave at 5 p. m., by special sleeping car on Thursday, April 28, via N. O., J. & G. N., R. R., Miss. Central, Memphis & Charleston, Tenn. & Va. R. R., arriving at Washington on Sunday. The party to consist of not less than twenty-five persons, including families of delegates, and to return by same route. The fare to be $55, ticket good to New York, with coupon for return within 30 days.

A second party, not less than 25, may travel via Chicago, the Lakes, New York and Philadelphia, upon the same terms as above.

Wm. B. Atkinson,
Permanent Secretary.

Philadelphia, April 21, 1870,

——It is proposed by certain benevolent persons in the city of New York, to establish an Orphan Asylum and Hospital for the diseases of women and children, at Ningpo, China, under the care of D. B. McCartee, M. D., who has for twenty-six years been a medical missionary of the Presbyterian Board.

——Dr. Fred. Horner, Jr., an Alumnus of the Medical Dep't of the University of Virginia, has been authorized to attend the National Convention for the revision of the Pharmacopœia, as a delegate from the University of Virginia.

——The Professorship of Medical Jurisprudence in the Royal College of Surgeons, Ireland, is vacant by the death of Dr. Geoghegan.

——Professor Ferdinand Mayer of the New York College of Pharmacy disappeared December 27th, and has not since been heard from. He had previously shown signs of insanity.

——Our friend Dr. B. M. Collins, of Penn's Park, Pa., has purchased the farm of Gilson R. Whaley, located between Vienna station and Fairfax Court House, Va.

QUERIES AND REPLIES.

Special Request for Advice.

Messrs Editors:—I have been called to see the following case: Mr. ——, age 20, young man of medium height, light skin, blue eyes, intellect well cultivated. Some months since began to complain of pain in the head with intolerance of light; is greatly distressed by noise in the room; slight cough, and quite imperfect digestion; urine variable in quantity, but no departure from the normal standard sufficient to attract attention. One physician called in pronounced the case one of phthisis; another of dyspepsia; another, in spite of the protest of the patient, said involuntary seminal emissions. When I first saw the case, I found upon examining the spinal column, the third and fourth dorsal vertebræ had the spinous processes thrown to one side three fourths of an inch; tenderness along the spine from there down to the sacrum; urine high colored, specific gravity one hundred and twenty-reddens litmus; under microcope gives copious mucus and some pus globules; respiratory murmur normal; no cough; digestion quite imperfect; peristaltic action of bowels deficient. Patient slowly improving under the use of iodide and bromide of potassium, syrup buchu, and

tincture nux vomicæ, with an external use of strong tincture iodine to spine. Pills of extract cannabis indica have been used to procure sleep and allay excitement. The pulse has been normal from the first, with the exception of a slight diminution in frequency. Will the editor, or some others of the fraternity, tell us what ails this man? What we shall do for him and what result we may look for? A. T. B.

Factoryville, Pa.

Honorary Degrees.

MESSRS EDITORS:—Has any Medical College the right or power to confer an *honorary degree* on a person who has *not* attended two courses of lectures in some medical school, and if such a degree should be granted would the recipient be entitled to the same rights and privileges as a *regular* graduate? *i. e.* would he be eligible to membership in the American Medical Association and entitled to a license to practice from the State Medical Society etc. H.

REPLY:—Any chartered college can grant an honorary degree if it chooses, on a boot-black. No such degree without other qualifications, satisfactory to the local society *should* entitle the owner (purchaser, often) to practice, still less to join the American Medical Association. From most colleges, an honorary degree is *per se* no sort of guaranty of medical knowledge, social position, or even average respectability.

Gonorrhœa in a Young Girl.

MESSRS EDITORS:—Have you or any of your numerous correspondents, ever seen a case of specific gonorrhœa occurring in a female child as young as 5 years? If so, what was the plan of treatment, or what treatment would be advisable? Should I follow the ordinary plan, as in adults? I have such a case, the history of which proves it to be gonorrhœa purposely inoculated in a female child *less* than five years old. In my limited course of reading I have never met with such a case.

JAS. I. HALE, M. D.

W. Saratoga, Ills.

REPLY:—Our correspondent will find a somewhat similar case, where the girl was seven years old, in the HALF YEARLY COMPENDIUM, Part V.

Fees.

MESSRS EDITORS:—I would like to try a corner in your column of "queries and replies." If A. has a case requiring a surgical operation, and calls in B. as counsel and requests B. to operate which he does, how should the fee be divided? Should he simply charge a counsel fee for assuming the responsibility arising from the operation or should he claim the full fee ordinarily charged for such operation? D. M. C.

REPLY:—As a rule, whoever performs an operation is entitled to the fee.

Dyspepsia.

MESSRS. EDITORS:—Will you be so kind as to tell me how to treat the following case: Miss Maggie C—— aged 11 years; symptoms, acid fermentation and spitting up of food immediately after eating; slight pain over the right eye; appetite *very good*; bowels regular; her health otherwise good. Also, the most appropriate treatment for nausea and vomiting, I have a case which sometimes defies all treatment apparently; no uterine disorder.

Virginia. J. H. W.

Dr. C. B. T., of Ky.—Which is the best atomizer for a country physician to purchase, its price, and who to address on the subject?

REPLY.—We believe Codman & Shurtleff's to be as convenient as any. Price $3.50. We can send it to you.

Dr. H. H. L. of N. J.—I have the first volume of Gross' Surgery, and should like the second, can you send it to me?

REPLY.—We can.

Dr. J. S. S. of Ind:—Please inform me the best Journal on Obstetrics. Also the price.

REPLY:—The American *Journal of Obstetrics*. Price $3.00 to $4.00. Subscribers to the REPORTER ordered through us.

Obituary.

At a regular meeting of the District Medical Society, for the county of Burlington, held January 11, 1870, at Mount Holy, N. J., the death of Dr. Isaac P. Coleman, of Pemberton, having been formally announced, the following preamble and resolutions, expressive of the feelings of the Society, were unanimously adopted.

WHEREAS, It has pleased Almighty God to remove from our society, our highly esteemed confrere, Isaac P. Coleman, M. D., who has adorned it as a valuable officer and member for more than a third of a century, we deem it meet to express our high appreciation of his merits and our loss, which is not limited to our country and State alone, but to the whole community who understand the value of medical learning and skill. His genial influence was felt in his daily intercourse with those in his immediate neighborhood, and in his decease they feel the loss of a man of high moral standard and stern integrity of character. Therefore,

Resolved, That in our sympathies with his afflicted family, we request of them the privilege of uniting with his numerous friends in the erection of a suitable monument to his memory.

Resolved, That the above preamble and resolutions be entered upon the minutes of this Society, and that a copy of the same be sent to his family, and published in the MEDICAL AND SURGICAL REPORTER.

E. P. TOWNSEND, *Secretary.*

MARRIED.

FLANDERS—YEAGER—In Madison, Ind., March 30th, by the Rev. Mr. Monroe, Dr. D. C. Flanders, of Covington, Ky., and Miss Emma Yeager of Madison.

LUKE—SPENCE—By Rev. H. Magill, on the 7th inst., Dr. G. W. Luke and Miss Sarah Spence, both of Armstrong county, Pa.

PORTER—ERWIN—By Rev. E. W. Schwefel, April 5th, at the house of the bride's father, Dr. W. A. Porter, of Dalton, Ohio, and Miss Belle D. Erwin, youngest daughter of Mr. John Erwin, near Dalton, Ohio.

SEARS—HUYETT—In Camden Mills, Illinois, on the 7th inst., by the Rev. W. W. Moorehead, Mr. George W. Sears and Miss Lizzie Grove Huyett, daughter of Dr. Joseph Huyett.

WHITE—COSAND—On the 7th inst., at the Methodist Episcopal church, Sidney, Fremont county, Iowa, by Rev. M. C. Wilson, James F. White, M. D., of Elizabethtown, Indiana, and Miss Martha Cosand, of Sidney.

WHITELY—JACKSON—At Paterson, N. J., April 20th by the Rev. Dr. Hornblower, Robert J. Whiteley, M. D., and Carrie, daughter of the late James Jackson, Esq.

DIED.

BLANCHARD—In Irondequoit, N. Y., March 29th, Josiah A. Blanchard, M. D., formerly of Whitingham, Vt., aged 60 years.

HELLYER—At Pennsville, Bucks county, Pa., on the 10th inst., Willie H., only child of Dr. Howard A. and Fannie Hellyer, aged ten months.

KNIGHT—In this city, on the 19th inst., Francis Robinson, infant son of Dr. S. R. and M. L. Knight, of the Episcopal Hospital.

MUSSELMAN—April 6, 1870, in Schutzingen, Germany, Dr. Henry S., son of Henry and Anna B. Musselman, in the 27th year of his age.

NOTSON—On the 17th inst., at St. Joseph, Missouri, Charles B. Notson, son of Dr. William and Mary M. Notson, of Philadelphia, in the thirtieth year of his age.

STUART.—Dr. James C. Stuart died in Syracuse on the 31st ult. He was a native of Andover, Mass., and a son of the late Prof. Moses Stuart of Andover Theological Seminary.

METEOROLOGY.

APRIL.	11,	12,	13,	14,	15,	16,	17,
Wind.....	N. E.	N. W.	N. W.	S. W.	S. W.	N. E.	N. E.
Weather.	Cl'dy Rain.	Clear	Clear	Clear	Clear	Cl'dy	Cl'dy Rain.
Depth Rain	7-10						5-10
Thermom....							
Minimum..	45°	47°	44°	48°	60°	39°	35°
At 8, A. M.	49	69	50	62	68	45	47
At 12, M...	50	61	64	72	78	47	48
At 3, P. M.	51	62	66	73	80	45	47
Mean.....	48.75	59.75	56.	63.75	71.50	44.	44.25
Barometer..							
At 12, M...	30.	29.9	30.1	30.1	30.2	30.2	30.

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

No. 688.] PHILADELPHIA, MAY 7, 1870. [Vol. XXII.—No. 19.

Original Department.

Communications.

WOUNDS OF THE SCALP.

By Philip S. Wales, M. D.,
U. S. Navy.

The general nature of the various sorts of wounds of the scalp is the same as those of the integuments of other portions of the body, and demand very nearly the same treatment. Occasionally they are invested with additional interest and importance by their frequently complicating injuries of the skull and brain. The peculiar anatomical arrangement, however, of the soft tissues of this region impresses an individuality upon some of the injuries therein situated, that it is very important to be familiar with, to avoid committing serious blunders, both in diagnosis and treatment.

The globular form of the skull will, of course, limit the extent of contact of incising, lacerating, and contusing instruments, and, correspondingly, their rupturing effects upon the soft tissues; hence, as a general rule, swords, bullets, fragments of shells, etc., simply plough out a furrow in a short arc of the cranial curvature. The same limitation of wounding follows also from the same cause, in falling upon contusing objects, as projecting parts of iron bolts, rocks, curb-stones, or, indeed, from any boss-like irregularity of the surface.

The abundant supply of blood vessels to the scalp, and their free and omnipresent anastomosis, will render ecchymosis, extravasations, and bloody tumors, the frequent result of the application of force to the cranial vault; and it is in this respect, that such injuries deserve careful study, that they may not be confounded with the more serious and deeper wounds of the skull.

These accumulations of blood are owing also, besides the very abundant supply of arteries, partly to the lamellar arrangement of the soft tissues making up the thickness of the scalp. Here is the pericranium, under which the blood may lie, the loose cellular tissue between this and the tendon of the occipito-frontal muscle, where the most plentiful outpouring can be accommodated and accumulated into tumors of various sizes; and lastly, the connective tissue layer outside of the tendon, and beneath the thick skin, into either of which latter, or into the muscular substance itself of the temporal or occipito-frontal, the blood may find passage.

Considering the foregoing facts, we shall find wounds, then, of the scalp, of usually rather limited extent, bleeding freely, apt to be flap-like in shape, frequently attended with effusion of blood into one or other of the several localities mentioned above, from the close proximity of the brain, when they are of any severity, accompanied most always with some cerebral disturbance, ranging in character according to the degree of injury—from slight and temporary confusion, to profound and fatal coma; and lastly, they not unfrequently associate themselves with fractures of the skull.

Any long, penetrating instrument, as the blade of a knife, may pass beneath the scalp, between any of its laminæ, even ploughing up the pericranium to the very skull, making a long track, with a narrow orifice, possessing all the character, therefore, of a punctured wound in any other portion of the body, with, however, the additional disadvantage in suppuration, of disposing the matter to diffuse itself among the surrounding tissues, from their laminar and fibrous character. This sort of wound, without free incision, most always inflames, suppurates, and affects the general

constitution. A case of this sort came under my observation within the last year: where a man got an apparently trifling punctured wound of the top of the head, which the physician, who first treated him, thought lightly of, applied a little pledget of lint to the scalp, and sent him about his business. In three or four days, the edges of the wound suppurated, the scalp swelled, though there was no defined tumor, but a diffusive hardness of two or three inches in extent. The case got worse and worse, constitutional symptoms set in, and the man like to have died; but immediate and free incision of the whole length of the swelling gave vent to the matter which, nevertheless, was not more than a teaspoonful; yet relief was prompt, and the person finally recovered, after perhaps two months of suffering which might, by incision, have been abridged to, at farthest, as many weeks.

Trenchant instruments, like the sword, axe, etc., on the other hand, divide the tissues neatly and clean; no inflammatory swelling or strangulation of the parts can confine the secretions; they escape freely, and these wounds, therefore, do, generally, very well. Near the very time that the case before mentioned was under treatment, a young man was brought to me, who had a large incised wound inflicted upon the latero-vertical part of vault, by falling a distance of fourteen or fifteen feet, upon a sharp and projecting edge of iron; it was three inches long, and went to the very bone; the patient was laboring under slight concussion at the time, and while he was recovering, and taking some stimulant, the wound was properly dressed, the edges being brought together after every particle of bleeding had ceased; the patient got well in a few days, without a single bad symptom. Now, such nice, clean wounds, vertical to the plane of the skull, always do well under *proper* treatment, the essential character of which is, to prevent the retention of any secretion in the tissues during the inflammation which follows them.

The same sort of instrument which inflicts this sort of wounds, may also produce others of a different form; that is, the plane of incision is parallel with that of the skull, instead of being vertical as in the previous instances. Such wounds will then present the form of a flap, and are of very varied extent, according to the sort of instrument and the force with which it is employed; swords give the most remarkable examples, by which flaps of four or five inches wide have been produced, hanging over the sides of the head and face, if the force by which they have been produced is inflicted from above, and exposing the skull beneath to a corresponding degree; or, if the force is from below, the flap will necessarily hold its normal position, as its base, or point of support, is above.

These wounds generally do very well, better than those of a punctured or contused character, but not so well as the incised sort; they are more difficult to bring in apposition; the flaps cannot be so well supported, and they more frequently inflame and suppurate; and where the injury is quite extensive, they are also liable to gangrene. Instead of presenting one flap, there may be two or more, when the instrument possesses an irregular edge; but we meet with every variety in this respect, especially after an action in which the cavalry have been engaged. It is related that after the Convention had decreed that the French army should take no more prisoners, the actions became much more obstinate and bloody. After the battle of Landrecies, six or seven thousand men were wounded, principally with cutting arms; some had twelve to twenty, and even thirty, wounds, each, with the sabre.

Contused injuries are inflicted by blunt bodies, as clubs, slung-shot, and falls upon uneven surfaces; they are either attended with apparent solution of continuity, or the scalp is unbroken; in the latter case, they are called simply *contusions*, but this feature of the surface is by no means any criterion of the severity of the injury; for there are cases recorded, in which, with an unbroken skin, the soft tissues beneath have not only been torn and bruised, but even the skull may be smashed into fragments.

The contused wounds, resulting from bullets and fragments of shell, are varied in their character; they sometimes furrow the scalp; at others, course between its laminæ; and sometimes, again, cut off a flap or lacerate it. These wounds always suppurate, and, like all other scalp wounds, in people of middle life and broken-down constitutions, may be attended with erysipelas and danger to life. The essential character of contused wounds is the bruising of the surrounding tissues, which renders them liable to mortification and sloughing. They become inflamed, and suppurate,

and the parts bruised, no longer possessed of life, are thrown off. Contused wounds of the scalp are always the most serious, as being most often accompanied with cerebral complications. In them, also, we find more or less extravasation of blood, forming tumors of varying size, extent, and hardness. The blood poured out may occupy any position between the bone and skin, and it is quite doubtful whether a correct diagnosis can always be made as regards its exact locality, but this is not of much moment; it is far more essential to be able to diagnose the difference between such effusions and fracture of the skull, which they sometimes simulate. From the direction of the vulnific instrument being oblique, the tendon of the occipito-frontal muscle may be forcibly stretched along the pericranium, so as to rupture the connective tissue, and form a pocket into which the blood is injected from the broken vessels, in such quantity as to form a soft tumor, presenting, sometimes, when the vessel is of considerable size, a distinct pulsatory character. Or the areolæ of the cellular membrane may be ruptured in a more partial manner, so that the cells in a limited space may communicate and form one general cavity, into which the blood flows; while that portion of it infiltrated into the surrounding normal-sized areolæ is bound down, and forms a hard swelling, surrounding the fluid blood in the center, and it is this sort of bloody tumor which so much resembles a fractured skull; the soft center, hardened edges, and occasionally pulsatile character, might easily be mistaken for the well defined margins of a fracture with the soft brain protruding. But carefully examine the tumor, press upon it gently, though firmly, with the finger, and see if the blood cannot be scattered or dissipated with the adjacent areolæ; observe how the pressure affects the brain, if at all; and in this way the diagnosis may be made evident. There is another sort of tumor less deceptive, in which the blood is bound down, or having coagulated, feels hard over its whole extent. Again, in young people, when the scalp is spongy a direct blow with a blunt instrument may so condense the tissue, as to give the appearance of a depression and simulate fracture. In new born infants these bloody extravasations, called cephalæmatoma, are also observed, the result either of violence inflicted by the forceps, or by the passage of the child's head through the pelvis. The blood is in this case usually seated beneath the tendon of the occipito-frontal muscle, but in rare cases also beneath the pericranium, far removed from the sutures where this membrane is strongly adherent to the bone below, and therefore does not permit the blood to separate them. In these cases the tumors are soft in the center and hard at the circumference, but may easily be distinguished from fracture of the skull by the method already described.

The blood, in all these cases, as we have seen, is confined in this form of wound when there is no external aperture, in the tissues of the scalp. Even when one of the larger vessels is opened in this manner, the hemorrhage is in most all cases stopped by the pressure brought to bear on it by the rupture-formed cavity in which the blood is present in thorough repletion.

However, in some cases of scalp wounds, particularly the punctured and incised, the larger sized arteries of the scalp may be divided, and may bleed to a dangerous if not fatal extent, unless promptly secured. Those which are most troublesome in this respect, are the frontal, supra-orbital, temporals—deep and superficial, posterior auricular, and occipital. The deep temporals, especially, have given serious trouble, from their position and anastomosis.

I think that all who have had much experience in head wounds will coincide with the advice of LARREY, that it will be indispensably necessary to apply a ligature to all divided and bleeding arteries, and not fritter away time in employing mechanical pressure, which incommodes the patient and gives rise to cephalalgia; besides, the arteries which run under the hairy scalp, by dint of the close adhesions which retain them under that dermoid covering, do not retract with the promptness requisite to stop the further effusion of blood.

The nerves of the scalp are also sometimes wounded in such a manner, that in nervous people and young women, cruel pains affect them a long time after the healing of the original wound. I had a case of this sort in a young lady, a professional singer, who was precipitated a distance of 10 or 15 feet, by the giving way of the stage upon which she was singing. She received a severe contusion upon the back of the head which has left the part so tender, that she cannot now, at this distance of time—five or six years—bear the pressure of a comb. Injuries inflicted above

the orbit, involving the orbital nerve, have produced complete and permanent amaurosis. Such cases are noticed by Dupuytren, who explains them by the anastomosis between the frontal nerve and the ophthalmic ganglion.

These cases are extremely rebellious to treatment, and the pains seem only extinguishable by time.

[TO BE CONTINUED.]

SPECIAL RULES TO BE OBSERVED IN THE EMPLOYMENT OF GENERAL ELECTRIZATION.

By A. D. Rockwell, M. D.,
Of New York.

In the employment of general electrization there are certain rules and cautions, on the observance of which, the results of the applications will very materially depend. The *dose* of general electrization—like the dose of cold bathing or of physical exercise—is a compound quantity, made up of several factors. The dose of a shower bath includes the temperature of the water, the violence of the shower, and the length of time the patient is subjected to it. The dose of general electrization includes the *strength of the current, the thoroughness of the application, and the length of the seances.* It is important to consider:

1*st. The Strength of the Current.*—The dose of electrization, like the dose of internal remedies, should be studiously adapted to the constitution of the patient, the nature of the disease, and the stage of the treatment.

In estimating the dose for each individual case, experience is our only guide. It is better that the first tentative application should always be made with a gentle current, and, if the patient be particularly sensitive, the hand of the operator may be substituted for an artificial electrode. This remark refers only to the Faradaic current. The galvanic current should not be passed through the person of the operator. After the patient has become somewhat accustomed to the treatment, the general rule should be to make the applications *comfortably uncomfortable.*

But to this rule there are marked exceptions. There are individuals who, from some native peculiarity of constitution, are so exceedingly sensitive to tonics that they can only take quinine, iron, strychnine, etc., for a very short time, and in doses far less than the average. Doses of these remedies, which to others are decidedly beneficial, cause in them the most intense and even alarming reaction. Such patients are also abnormally sensitive to electrization, and accordingly must be treated with peculiar caution. Patients who have long been accustomed to the treatment, who have become in a certain sense, insensible to the strength of the current, ordinarily used, may frequently be benefited by very powerful currents, such as may be obtained by uniting two or three batteries to the helix. Usually, but not invariably, we may be guided by the sensations of the patient; but exceptions to this rule are sometimes very striking, and should put us on our guard. Some who feel no pain during the applications, may, on the day following, experience the most disagreeable reactive effects.

Thoroughness of the Application.—General electrization requires that all portions of the surface of the body should be touched by the electrode. This general direction, however, is open to a very wide range of exceptions.

In nervous and susceptible patients we can approach the full measure of the treatment only by slow degrees.

It is oftentimes sufficient to make the first application only around the neck, shoulders, and on the upper portion of the spine. Patients have such erroneous impressions in regard to the nature of the treatment; are so wrought upon by the memories of the frightful "*shocks*" which they have received in their school days, that they oftentimes enter the operating room with dread, as though they might never come out again alive.

It is clear that such timid and misguided patients must at first be handled tenderly, until they gradually learn by actual experience that general electrization is on the whole a most agreeable process. It is not always necessary in every case, to make the applications to all portions of the surface of the body, even in a prolonged course of treatment. The general tonic effects of this system of treatment can undoubtedly be achieved without touching either the upper or lower extremities. But, on the other hand, it is just as undoubtedly true, that the muscular development that results from long continued electrization of the arms and legs, reacts favorably on the whole system and materially aids the treatment.

The general rule should be, that in all cases of *constitutional debility, associated with* some local disorder, *the application should be made*

all over the *body, but with special reference to the part affected.*

In deviating from this law of thoroughness, each case must be studied by itself. Thorough applications to the head, or at least to all portions of it, are not demanded in more than half the cases for which general electrization is indicated. In some cases very marked benefit is derived from applications over the head; in others negative results; and in some positive, though temporary, harm. It is usually sufficient to place the hand over the forehead, and on the top of the head and over the cerebellum, without subjecting the patient to the annoyance of wetting the head all over.

It is seldom advisable to require ladies to moisten any more than the crown of the head. The neck, spine, and abdomen should be treated in all cases, except during the first and tentative applications, or in patients of very unusual susceptibility.

Length of the Applications.—The duration of the sittings *may range between five minutes, and a half or three-quarters of an hour*, being modified by the nature of the constitution, the strength of the current employed, the stage of the treatment, and the results of the previous applications.

The smallest fraction of this time should be devoted to the head—the largest to the spine; next to the spine, the abdomen should receive the largest share of attention.

These suggestions are based on the facts that have been elsewhere presented, in regard to the relative sensitiveness and therapeutical importance of these different parts of the body. Experimental applications should always be short; but patients who have long been accustomed to the treatment, may sometimes receive most powerful currents over any portion of the body except the head, for an hour at a sitting, not only without injury, but with positive benefit. Real or apparent strength of constitution is a very deceptive criterion by which to determine the length of the sittings.

An average application of 15 minutes may be thus apportioned:

To the head	1 minute.
" " neck, including the cilio-spinal region,	2 "
" " back	5 "
" " abdomen	3 "
" " upper and lower extremities	4 "

This is, however, a very general estimate. Each case must be studied by itself.

Frequency of the applications.—The applications of general electrization may be repeated daily, every other day, once or twice a week, or by still longer intervals. Every other day is about as often as is necessary to secure the full tonic results of the treatment; but patients who are so situated that they can take treatment but a short time, may receive an application daily, provided they are not in a condition of unusual debility, or are not more than ordinarily susceptible to the current.

Formerly we supposed that the full applications of general electrization should in no case be administered oftener than every other day. Larger experience has convinced us of our error. Some of the very best results have been obtained, on patients who have received applications daily, and for a number of weeks in succession. It is not well, however, in any case to give thorough applications every day, at the outset of the treatment; unless by previous experience, we have become acquainted with the constitution of the patient. For the very nervous and susceptible, and especially for those who complain of the secondary or reactive effects, it is often necessary to give intervals of several days, at least until the permanent tonic effects begin to be developed. Patients who are peculiarly susceptible to other tonics are also susceptible to general electrization, and accordingly need longer intervals than usual between the seances.

Persistence in the Treatment.—For the majority of cases the treatment by general electrization, in order to secure its full results must be *persistent.* The reasons why this perseverance is demanded are quite obvious. In the *first* place, most of the diseases and morbid conditions for which general electrization is indicated, are exceedingly chronic in their character. It is necessary ever to keep in mind the emphatic words of the great Trousseau: "chronic diseases demand chronic treatment, whatever may be the method employed." It is a law of disease, that morbid states which have long been in progress must be correspondingly long in their recession; and to this law general electrization cannot present any exception.

Secondly. Tonic remedies of all kinds, external and internal, are always, more or less, slow in their action. The stimulating effects experienced after the applications are only temporary: are indeed entirely analogous to those which are felt after some other tonics, such as a shower bath, or a brisk walk in the open air. The permanent tonic effects are

only realized slowly, and oftentimes after a considerable interval. While great and beneficial effects are often derived from two or three applications, a complete or approximate cure of long standing morbid conditions, such as dyspepsia, hypochondriasis, nervous exhaustion, hysteria, and paralysis, can only be achieved by persistent treatment, varying the strength of the current and frequency of the applications according to the progress which is made. The length of time over which the treatment should be extended, may range from one week to several months, with longer or shorter intervals, according to circumstances.

Comparing the history of all our cases, we find that the average number of applications administered to each successful case is about 10 to 15, and the length of time over which the treatment was extended 3 to 6 weeks.

STRYCHNIA IN TETANUS AND HYDROPHOBIA.

By Edward Vanderpoel, M. D.

New York City.

I have seen a number of articles in your journal of late, treating on tetanus, with as many remedies; but none have equaled in beneficial results what I have witnessed from the use of strychnia.

It was my lot to attend the young man Fox, clerk of Sampson & Co.—proprietors of a large mercantile house of this city, some years ago; who, from an injury to his head in diving whilst bathing, was attacked with tetanus. After the third day of the injury, when the disease was diagnosed, the late Profs. Jos. M. Smith, and Valentine Mott, were in consultation until the seventh day using tart. ant. and antispasmodics, anodynes, and stimulants, freely, with counter irritation, when he died at 4 o'clock P. M., in dreadful agony.

After this case, my colored washerwoman, about forty-five years of age, from some quack treatment of a varicose ulcer, was found one morning in as bad condition as was young Fox on the morning of the day on which he died.

Consultation she could not afford, and so I took the responsibility of bleeding her to complete relaxation. From a free opening in the median basilic vein, I soon filled a large wash basin. Seeing this immense quantity of blood, I looked for the dropping of the chin (unlocking of the jaw); it had not moved. She was so quiet that I thought her dead; but then the fact occurred that blood does not flow from dead subjects, prompted me to let it run. In a minute the jaw fell; placing my finger on the orifice, the flow ceased. Upon slight reaction I ordered $\frac{1}{8}$ gr. doses of tart. ant. every two hours, which dose was regularly increased for about forty hours, when 4 grs. were given at a time, without producing nausea, but maintaining relaxation of the muscles which had caused opisthotonos, and severe tonic contraction of the diaphragm, with the masseter muscles.

For fear of ulceration of the stomach from this remedy, ipecac. was then substituted, which preserved the same advantage over the muscular system, until convalescence was established. She is alive at this date.

My third case was treated with strychnia, from a suggestion made by Dr. Mott at a lecture after the attendance named, upon the young man, Fox, on the principle, that its more general effect upon the muscular system would counteract or lessen its particular local effect.

Eight cases followed in quick succession. Seven traumatic, and one, the last, idiopathic; the majority of them being of an aggravated form. All were cured with strychnia alone, and published at the time, in the New York *Journal of Medicine*. See Nov. and Jan. Nos. 21 and 22, for 1846 and 1847.

Soon after this an athletic negro was treated at the U. S. Post, Sag Harbor, with strychnia unsuccessfully; reported in the same journal. The man evidently died from the injudicious suspension of the remedy whenever the tetanic symptoms abated—recommencing, then suspending, and so on, till the man was worn out. To me it was plain he could have been cured.

Since then, I have only prescribed for one case, that of an officer, resulting from a gunshot wound in the late war. He recovered.

The doses used in all these cases were from 1-6 to 1-2 gr. every two hours, until involuntary twitching of the muscles of the extremities took place, when the masseters would relax, then the same dose used, would be given only once in six hours, to maintain this advantage until convalescence took place. With the above experience I went to this last patient with confidence as to success, and I would now be more encouraged in the future

by this practice than any other I have seen published on the subject.

Previous to this history the most successful record published, was that by the late Dr. David Hosack, of this city, who reported three mild cases cured by large and repeated doses of stimulants.

A knowledge of the above facts induced the late eminent oculist, Dr. Wallace, to prescribe strychnia in a case of hydrophobia of a young man, whom I saw with him subsequently, a clerk of Mr. Hope, grocer. Two doses of one-eighth gr. were given by mistake for one-sixth, when the perfectly uncontrolable patient was quieted. The spasms did not return, although he lived nearly two days afterward, maintaining full consciousness till he died.

Feeling assured of the value of the above facts, I send them for circulation in your valuable journal.

Hospital Reports.

ALBANY CITY HOSPITAL.

Surgical Service of Prof. J. H. Armsby.

(REPORTED BY T. D. CROTHERS, M. D.)

Gentlemen:—I will call your attention, this morning, to a comparatively rare disease, viz:

Cancer of the Penis.

You may practice many years without seeing a single case; yet you should be familiar with its symptoms, for on the early recognition of this disease, depends your success in its treatment.

Cancer of the penis is generally of the epithelial form. It begins like a wart, sometimes vascular, or condyloma when ulcerated, or a tubercle, or fissure on the glans, corona, or prepuce. Small and superficial at first, it gradually becomes broader and deeper, spreading to other structures, attended with a smarting, burning pain. Often a cauliflower fungus is thrown out, and a discharge of thin, sanious matter, quite offensive, follows. As the disease progresses the inguinal glands become enlarged, and severe lancinating pains run up the groin to the abdomen. Much irritation attends the passage of urine. The cases I have had confirm the experience of other surgeons, that it is most common in old men, who have had phymosis or a long, tight prepuce. It is sometimes complicated with syphilis, but in diagnosis, depend upon the microscope, for without it you can only gain a comparative idea of the disease, which will be verified when it is too late to treat your patient successfully. In the treatment, early amputation gives us the only prospect of success, but if the lymphatic system is affected, this only delays the fatal issue. I always follow the operation with constitutional treatment, of which Fowler's solution of arsenic is the most effective. The iodide of potassium and syrup of the proto-iodide of iron, are very valuable and useful remedies.

Here is a case upon which I operated by amputation a few weeks ago. You will remember, gentlemen, that the number of cases at that time demanding operations, prevented my giving a history of this one.

This patient is 42 years of age; is married, and has children; has had phymosis for years. Two years ago had an itching, burning sensation under the prepuce. Soon, sharp pains, which increased in intensity came on, destroying his rest at night, and causing his health to decline rapidly. His medical attendant advised an operation, to which he objected. Other advice was sought, and a cure was promised; local treatment was resorted to, and several months were lost in unavailing efforts. A fistula formed over the corona, with a fetid watery discharge. His attendant laid open the fistulous track to the end of the penis, exposing the glans, which was covered by a fungoid growth.

Amputation was again urged, but he objected, preferring to try the skill of empirics, with plasters and specifics.

A few months after, when he came under my charge, the prepuce and integuments of the penis, up to within an inch and a half of the pubis, was destroyed. The surface presented a cauliflower-like fungus, from which a thin sanious discharge flowed profusely. The inguinal glands were enlarged, but not painful. You remember the operation was performed by a single sweep of the bistoury, the ligatures applied, with water dressings. Carbolic acid from 8 to 10 grs. to the oz. of water was used freely, (I think this is one of the best local applications I have ever used.) The glands were painted with iodine, and the following mixture given internally:

℞. Iodide of potassium, ℥i.
Extract of cicuta, ℥iij.
Syrup sarsaparilla, ℥ij. M.

Dose—one teaspoonful three times per day.

℞. Fowler's solution, ℥ss.

Dose—Five drops in water, after eating.

The wound healed kindly, and his recovery was signal and complete. He passes urine naturally and without pain, sleeps well, has a good appetite. The glands are not enlarged. The present good health of this man, with no scrofulous tendency, his temperate habits, give us strong hopes that this disease will not recur again. Without an operation the case would have been fatal.

I had a similar case in my private practice some years ago. A lawyer in high position, 58 years of age, married, with family and children, has al-

ways had a tight prepuce, that could not be drawn over the glans, causing acrid secretions to accumulate. After suffering sometime from aching, burning sensation about the glans, he noticed the appearance of several round hard bodies like shot, under the prepuce, which became very painful after a time; the pain was of a lancinating character. Resorting to a water cure, his medical attendant laid open the prepuce covering the tumors; soon a fungus growth sprouted up over the glands. When he came under my care, the malignant nature of the disease was manifest, in the rapid destruction of adjoining tissues, and the abundance of cancer cells found in the secretions under the microscope. I urged immediate amputation. The patient from some particular aversion to the knife refused, but was quite willing to have the ecraseur used. He was put under the influence of chloroform, and the diseased was removed.

The operation was tedious, occupying 20 minutes, because of the dense structure of the organ, taxing the instrument to its utmost. His recovery was rapid, and up to this time, a period of four years, there has been no return of the disease. I would advise you, gentlemen, never to use the ecraseur in simple amputations; the knife is more expeditious and better. I have had one fatal case in my practice. When he came under my care the disease had gone on for months. The inguinal glands were enlarged and painful. I amputated; the wound healed, and he returned to his home and business. I was called to see him six months after. The disease had returned and was evidently malignant. From the stump of the penis, it extended up to the body, and the patient died in a few weeks. He was in the prime of life, and temperate. I think if the operation had been performed earlier he might have lived. You will find this principle to be a safe guide in all ordinary cases, viz: Wherever you find excrescences on the penis, whose character and origin are involved in doubt, extirpate them at once, with caustic or with the knife, and if the disease continues, involving the glans, amputate through the healthy parts. Always be guarded in your prognosis.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

March, 1870.

Extracts from the Report on Blood Poisoning, made by C. G. Comegys, M. D., Prof. Clinical Medicine Medical College of Ohio.

(REPORTED BY DR. J. W. HADLOCK.)

Azotæmia.

One of the simplest forms of blood poisoning, is seen in one who is suffering from "a cold." The mucous membranes of the air passages at first dry and pale become hyperæmic; afterwards there is an excess of secretions with all the disagreeable phenomena of perverted sensation and fever. What explanation may be made for this abnormal condition? We offer this: Exposure to cold and wet, or even to a current of air in certain places, so affects the skin that millions of the emunctories are locked up; and the waste product of the tissue metamorphosis usually finding an outlet there, are retained in the blood in excess and act as poison, producing general disturbance as manifested in the chill and fever; but affecting more especially the vascular nerves of the mucous membranes, producing first, an exhilarating, exciting, intoxicating effect, causing the patient to feel remarkably well and buoyant; second, contraction of vessels, cutting off blood supply, (which accounts for the dryness) then a degree of paralysis ensues which allows unusual flow of blood to the tissues, and the consequent hypersecretion of mucus in which the *materies morbi* escape, and, the cumulative effects of the poisoning are thus prevented until a restorative of the skin function takes place. The mucous membrane thus acts vicariously to the skin.

It must be said that the kidneys also play an important part in this elimination, for an increase of ammoniacal deposits is always seen following the attack; the urate of ammonia immediately appears to cloud the urine.

In this way we may explain the origin of many of the phlegmasiæ; the product of tissue waste not escaping by the skin, disturbs other tissues and organs: i. e., the stomach or intestinal tract, the urinary organs, the serous membranes, as the peritoneum, pericardium, or pleuræ; or, the parenchyma of organs, such as the lungs, the liver, or the kidneys, exhibiting varied forms of catarrhal and tissue inflammation. Thus rheumatism and gout may be also explained; but the offending elements attack mainly the fibrous tissue.

On the other hand, to corroborate these views, certain substances, freely imbibed by the blood vessels of the mucous membranes, produce inflammation of the skin, in the effort to escape there. A remarkable effect of this kind is seen in the production of severe eczema, by a too free use of bromide of potassium. So the exudation of urate of soda, and the associate inflammation in gout, seem to point to that article as the offender. In like manner, the phenomena following the injection into the peritoneal cavity of lactic acid (by Richardson's experiments), are so similar to those seen in rheumatism, that there is reason to suppose that this acid is the offending principle in rheumatism.

Again, the retention in the blood, in diseased kidneys of the urinary constituents, leads to a notable form of blood poisoning, known as uræmia. Here the effects are expended chiefly on the brain and other nerve centres, producing convulsions or

oppressed action of the heart and lungs, with strong tendency to collapse.

The remarkable similarity of uræmia, connected with organic disease of the kidneys in the later stages, in physical and rational signs, to typhoid fever, makes a differential diagnosis often very difficult; the only way of discriminating is by a careful study of the urine, and the perturbations in the fever line, pulse and respiration.

Here are a few cases in illustration:

Daniel McD., entered the hospital, Oct. 8, 1868, and was sent to the surgical ward for stricture of urethra, but was transferred to the medical ward, on account of fever. He stated that for the last two weeks he had had more or less soreness in limbs, wandering pains in back, headache, prostration, anorexia, thirst, bleeding at the nose, and diarrhœa. He had difficult micturition and incontinence in the night.

He was emaciated, prostrated, and laid upon his back. Expression dull, eyes sunken, with dark areola; cheeks flushed, nose pinched, sordes on teeth and lips, tongue moist, red at tip and edges, abdomen very tympanitic, but no gurgling or tenderness in right iliac fossa, etc., no rose spots; liver and spleen of normal size; mind clear, temperature 105°, pulse 100, respiration 18. Urine sp. g. 1019 red, acid; no albumen.

On the third day after admission, tenderness and gurgling in right iliac fossa—developed with some delirium; temperature, 105°; pulse, 100; respiration, 24.

Fourth day: Five thin yellowish colored stools; mind clearer; a few rose spots appeared; pulse, 104°, weak and irregular; rspiration, 22; temperature, 103½°.

Fifth day: Rolls from side to side of his bed, has subsultus, pinched expression of face, extremities cold and sweating, tongue glazed, sordes thick; *pulse*, 56; *heat*, 96°; *respiration*, 24!

It was now evident that a new poison was working upon the system, and from the known difficulties of the urinary organs, it was pronounced uræmia. He reacted under a heroic treatment with tonics and stimulants, and artificial heat and the influence of an active diuretic, but in a day or two relapsed in the same way and died.

The autopsy showed merely congestion of Peyer's glands, a very narrow stricture of the urethra was found with enlarged and tortuous ureters and extensive destructive change in the kidneys.

Another case of this character was brought into the ward last April, where all the usual typhoid conditions were present, and due to organic disease of the kidneys. I have a case in the ward under treatment at this time, in which the general aspects of typhoidism are manifest, but which is I am sure uræmia. The patient had been sick more than a week on his admission: I will not repeat all the usual phenomena of typhoid; his temperature was 106°, but the pulse and respiration were too slow for that heat. The tympanites was enormous, but only the faintest rose spots exist, and no gurgling in right iliac fossa. The bowels were loose, but not frequent, tongue dry, brown, fissured, much mental hebetude, urine red, S. G. 1020, no albumen.

He was placed under quinine, egg-nog, and beef juice, and fomentations over abdomen with warm turpentine.

On the next day a decline of fever was observed, but tympanites not abated, continued treatment; but substituted a wet bandage about the abdomen for the fomentations. The day following a remarkable reduction of pulse, and fever set in; the former being only 50 per minute, and the latter 101°. This continued for twenty-four hours more, and led me to pronounce that he was laboring under uræmic, and not typhoid fever; but no albumen had been found in the urine. It was slightly alkaline with a volatile alkali showing the conversion of urea into carb. ammonia in the bladder. Two violent convulsions supervened during the two following days confirming the diagnosis. Later, a few rose spots showed themselves; the tympanites subsided; but the fever is very fluctuating, varying from two to four degrees, irregularly.

The patient is still under treatment. By employing an active diuretic we think we have prevented convulsions, at least, for the present.*

These cases show how the usual phenomena of true typhoid, except the tenderness in the iliac fossa, may all be due to a blood poisoning, from retained urinary constituents depending on destructive changes in the kidneys.

What the morphological characters of these retained substances are, producing varied and widespread diseases, we cannot say; only an approximate knowledge has been attained, by which we are led to suppose that they belong to the nitrogenous group.

Cholesteræmia.

Another very common form of blood poisoning is seen in that state which we call *biliousness*. Some constituent of the bile is not eliminated, or if so is reabsorbed; the blood is poisoned, and gradually a feeling of bodily and mental dullness are manifested. Lassitude and weariness are felt, or as may better be expressed, laziness is experienced. The mental condition exhibits this inertia equally with the physical; only there is more than mere indisposition to action, discouragement, and depression of all the faculties, despairing views of the future, and the loss of voluntary power in the use of memory and reason exists. Rest does not recuperate the weariness of exerted muscles; sleep does not refresh the mind; fatigue increases; the mental gloom

*The man died but no autopsy was allowed.

deepens, and many a time, the life has been sacrificed while this dark shadow has hung over its sky.

The kidneys exert themselves here in favor of the liver; but the main and speedy relief comes from an unloading of the biliary tubes, either spontaneously or by artificial means, so that the liver resumes its depurative functions again. The man of despair soon becomes full of hopeful and vigorous action. It is highly probable that the retained element which by its excess acts poisonously is cholesterine. This is the most notable product of tissue waste of the brain and nerve centres, and as the disturbed functions are chiefly of a nervous character, it may not be wide of the mark to charge it to this remarkable substance.

Besides the liver, the kidneys, and the skin, the surface of the large intestine eliminates in health a great quantity of waste product. Of the effects of arrest of function there, it is not possible for us to speak definitely; but a part of the relief of oppressed feeling by cathartics is doubtless due to increased action of the glandulæ that stud this structure.

It is hardly necessary to dwell upon the bad effects of retained carbonic acid.

Thus, we find that the substances which ordinarily escape by excretion, act as poisons if unduly retained, but producing varied phenomena, exciting largely on the one hand inflammatory action; on the other, remarkable dynamic disturbances. But the morbid states thus set up are not of the same nature as those produced by substances circulating in the blood, of organic character, the product of inflammatory action, and putrid and infectious substances.

Here we allude to pyæmic (Septicæmia-ichoræmia) thrombosis and embolism. It is impossible within the limits of this report to go over all the ground indicated by these names. For clinical convenience we may designate all under the term, pyæmia.

The following interesting case will show how pyæmia presents very similar conditions to rheumatism, indeed is often taken for it; so alike, that distinguished chemists have been deceived.

I was called in consultation to see a child who had varicella; the scabs clung to the skin, and absorption of the decomposing matter of the vesicles had taken place, resulting in swelling and tenderness of the joints in the right upper and lower extremities and suppuration in the extra synovial tissues; also subcutaneous abscesses existed in the arm and leg. All the conditions of suppurative fever were present. The abscesses were opened from time to time, and after a lingering illness he has recovered. This child has never been sick before, and lives in one of the healthiest places in Aarondale. On his mother's side there is a scrofulous taint.

Malaria.

The evidence seems to be accumulating on every hand, that some epidemic diseases and the leading epidemics are due to germinal matter, operating upon the system either by proliferation in the circulatory fluid, or clinging to the mucous surfaces, disturbing innervation and nutrition; these resulting in the varied manifestations in the structure and circulation of the blood, producing catarrhal and serous discharges, as in hay fever, Asiatic cholera, dysentery, etc.

It is proper and due to Dr. J. H. Salisbury, of our own State, to say that his publications have created a new interest on this subject, especially the demonstration, if we may accept fully all his statements, that autumnal fevers are due to the development of minute fungi in the districts where they prevail. These minute organizations, so abundantly developed in the system, may explain the peculiar post mortem appearances in the bodies of those who die of malarial disease.

MEDICAL BOARD OF THE EASTERN DISPENSARY, NEW YORK CITY.

Stated Meeting, February 15, 1870.

DR. R. J. O'SULLIVAN, PRESIDENT, IN THE CHAIR.

The minutes of the previous meeting having been read, (see reorganization, reported in MED. AND SURG. REPORTER, Feb. 12th,) were approved.

Dr. O'SULLIVAN then read the first paper of the course, previously announced, upon the "Clinical resources of Dispensaries and Hospitals."

The Doctor dwelt at some length on the advantages which clinical experience affords, and the ample opportunities for acquiring such experience which our city presents in its well-arranged, and for the most part, well-governed hospitals and dispensaries. Some years ago, said he, it was entirely different, when the ambitious student, desirous of posting himself up in that branch of his profession which he had chosen as his specialty, was imperatively compelled to cross the waters, to seek in Germany, France, and the British schools, teachers as well as subjects, from which to obtain the desired information.

Referring to the uses made of these institutions, and the objects of the individuals holding responsible positions therein, Dr. O'Sullivan regretted that so many were actuated by not very laudable, or at best, personal incentives, such as college-clique competition, professional pride, or desire of personal aggrandizement.

After referring to the causes which impeded progress in clinical study, the doctor concluded as follows:

"Our resources are ample in this respect, requir-

ing but a proper use, to be made of them, and the elimination of such abuses as may exist.

"Have we not, in our midst, brain and material sufficient to equal, if not excel, that of other nations?

"If this, indeed, were only brought into honorable competition in our hospitals and dispensaries, it would not fail to produce the desired result."

The following remarks were made:

Dr. Garrish felt bound to say that the views of the author of the paper met his entire approval. He had been identified for many years with clinical teaching in the city, and could therefore speak from experience. Dr. Garrish had felt, for some time past, the necessity of an organization similar to the one he was addressing.

He further said: "Where are we to get the data, if not from the institutions alluded to, from which deductions can be made from reliable sources, and which, if properly collated and applied, will go far to supply the deficiency so clearly pointed out in the paper before us."

Editorial Department.

Periscope.

Whisky as an Antiseptic Dressing.

In the Glasgow *Medical Journal* for February, Dr. D. Blair recommends the use of whisky as a surgical application. He says, I usually apply the whisky as follows:—

To remove the foreign substances or clotted blood, the wound is first washed thoroughly with strong whisky, it is then closed with stitches if necessary; again bathed with whisky, and covered with a rag and bandage both saturated with the same fluid; and finally, all is enveloped in gutta percha tissue or oiled silk, and directions given to the attendants to wet the bandage from time to time with the spirits. As a rule, the first dressing is not disturbed for three or four days, and afterwards it is changed every day, or every second day according to circumstances. The principal thing to be attended to is to have the bandage kept wet with the whisky—but not *too wet*, or it will impede the progress of the cure. I have never seen *much* sloughing, and I have not once seen erysipelas occur in wounds treated in this way. Probably because septic germs, if they exist at all, are not numerous in our hyperborean regions.

Case 1st.—J. M'P., a boy aged ten years, was amusing himself near a corn threshing machine, his hand got entangled in the wheels, and before they could be stopped, the middle finger and its metacarpal bone were crushed to pieces, the palm of the hand was lacerated severely, the ring finger was denuded of the flesh on the palmar aspect, but the bone was not broken. The boy having been put under the influence of chloroform, I removed the lacerated part and injured bone, then dressed the wound with strong whisky. The following day, when visited, the boy was sitting by the fireside, supporting his hand on a pillow laid on his knee. He was quite comfortable and cheerful, and could not be induced to remain in bed. I need not detail the progress of the case, suffice it to say that the hand healed rapidly, and I ceased attendance in three weeks.

Case 2nd.—Boy 8 years old had his hand caught between the wheels of a hay crushing machine, which was driven by a horse. Before the animal could be stopped, the hand of the boy was fixed in, and the arm drawn round the wheel so firmly that the little fellow could not be extricated until the machinery had been turned backwards. The thumb and next two fingers were torn off at their articulation with the metacarpus. The palm of the hand and inner aspect of arm up to axilla were lacerated so badly that we feared it would not be possible to save the whole arm; the metacarpal bone of the thumb was smashed and had to be wholly removed. We resolved to take away in the first place, only what was strictly necessary of the hand, and give the arm a chance of recovery, The parts were wrapped in cloths with whisky, in the usual way, and the friends directed to wet the bandage two or three times daily. On the fourth day we removed the dressing for the first time; there was no discharge, no inflammation, no swelling. The arm looked well; the case went on uninterruptedly, and I only required to see him thrice.

Case 3rd.—J. S., aged about 60, had his fingers crushed by machinery; amputated part of two of them. Applied whisky; no inflammation, no suppuration. Result good.

I have also used whisky as an application to bed sores. When fever occurs epidemically in country districts and villages, especially in the Highlands, it generally causes a panic among the inhabitants. The dread of contagion is so great that occasionally no one will venture to undertake the duties of nurse; under these circumstances bed sores are of frequent occurrence. I have seen more than one case in

which the os sacrum and coccyx were exposed from sloughing in typhus, and yet the patients recovered. The bed sores were treated with linseed and oatmeal poultices, mixed with whisky, until the slough separated, then whisky lotions were applied.

In cases of chronic and scrofulous abscess, I have used whisky as an injection, and find that it checks the discharge and hastens the cure. In a case of scrofulous abscess of the hip joint I attribute the recovery of my patient to its having been used in this way. The pain and hectic before and for some time after the abscess was opened, caused so much prostration that I had slight hopes of my patient's recovery. I persisted, however, in using the injections two or three times daily, bathed the whole limb often with spirits, and kept it wrapped in cotton wadding and a bandage. The stomach for a time would not tolerate solid food of any kind, and even beef tea provoked nausea. Notwithstanding, in an incredibly short time, my patient rallied, and I had the pleasure of seeing him walk well, although the joint continued somewhat stiff.

In a singular case of abscess, situated beneath the muscles in front of the abdomen, which opened at the umbilicus, I was highly pleased with the result gained by these injections. The discharge obstinately continued, although I perseveringly applied for a considerable time poultices and lotions of different kinds; at last, I resolved to inject with strong spirits, but from the peculiar situation of the abscess, and fearing inflammation might supervene, I used it very cautiously at first, but no unfavorable symptom having followed the first application, by degrees it was used more freely—two or three syringefuls at a time repeated twice or thrice daily. In a few days there was a marked improvement, and soon the discharge ceased completely, and the patient is now well.

Poisoning by Scarlet-Runner Beans.

Dr. GEORGE WELLER, M. R. C. S., etc., Surgeon to the Merchant-Seaman's Asylum, Snaresbrook, sends the following case to the *British Medical Journal.*

On the morning of May 10th, at 9.30, I was summoned to the above Asylum in great haste to see a child who was said to be seriously ill from eating scarlet-runner beans. When I arrived, I found a boy, aged 11, suffering to all appearance from symptoms of some irritant poison. He told me that at 7.30 A. M. he ate six of the beans, and would not confess to eating more. At 8 A. M. he partook of his breakfast, which consisted of one-third of a pint of milk and water and eight ounces of stale bread. At 8.30 he was violently sick, and continued to be so for an hour. When I arrived, at 9.30, he was being supported by the nurse, in the water-closet, in a state of collapse from repeated retching, together with excessive diarrhœa. His face was ghastly pale; the pulse imperceptible at the wrist. The matter vomited consisted of undigested food mixed with portions of the beans. The pupils were normal; the surface of the body was cold and clammy. On placing him in the recumbent posture and giving small and repeated doses of hot brandy and water he somewhat rallied, but felt much inclined for sleep. I ordered him to have a warm bath, and cataplasms to the calves of the legs, soles of the feet, and over the precordial region, and to drink freely of barley-water; he soon recovered, and was able to leave the ward the next day.

I consider the above case an interesting one. I have referred to two or three works on botany, and have failed in finding any remarks as to the poisonous character of this plant.

Diuretics.

At the Royal Medical and Chirurgical Society, London,—Tuesday, February 8th, 1870, a paper was read by Dr. F. B. NUNNELEY, of York, on the Action of Citrate and Acetate of Potash, of Spiritus Etheris Nitrosi, and of Oil of Juniper on the Urine in Health. The author had made the necessary experiments upon himself, and the method pursued was to estimate the water, urea, and solids of the urine each day for about twenty-eight days, during the middle twelve days which the medicine was taken, the days before and after being medicine-free. Citrate of potash was taken to the extent of from ten to eighteen drachms in twenty-four hours; was found to increase the water by 2½ ounces, and to diminish, the urea by 84 grains, and the solids by 60 grains. The acetate of potash, in daily doses of from 2½ to 3½ drachms, exerted a similar influence in a somewhat less degree. The spiritus etheris nitrosi (ten to eighteen fluid drachms in twenty-four hours) slightly increased the water, and diminished the urea by fifty-four grains, and the solids by 122 grains. The oil of Juniper (thirty to forty minims in twenty-four hours) slightly increased both the urea and the solids.

On Scarlatina.

Dr. EDWARD M. SNOW, of Providence, in his report as City Registrar for February, says on this topic:

Some English writers contend, (and their ideas are repeated in this country), that scarlatina is a highly contagious disease, and we are treated with special and minute directions for the disinfection of rooms where the disease has been present, and are urged to give particular care to the disinfection of the clothing and excreta of scarlatina patients. It would be supposed from the directions given that scarlatina is, if possible, more contagious than small-

pox. It seems to me that all such teachings in relation to scarlatina are not only erroneous, but are calculated to do very great harm in the community by exciting unnecessary fears, and making unnecessary and utterly useless trouble. In my opinion, scarlatina is not, in any correct sense, a contagious disease; nor is it even infectious in so great a degree as typhoid fever. It is true that our positive knowledge of the causes of scarlatina is very limited. A dozen years since, one of my reports contained the following:

"Less is known in relation to the causes of scarlatina than in relation to those of almost any other disease, and it seems thus far to baffle all sanitary investigation, and bid defiance to all sanitary precautions. Unlike most other epidemics, it visits equally the city and the country; the solitary farm-house and the thriving village; the hill and the valley; and often exhibits its most terrific power where, judging from the known laws of epidemics, it would be least expected. It knows no distinction of classes, but destroys alike the children of native and of foreign parentage; and carries desolation as often to the homes of the rich as of the poor. It sometimes *seems* to arise from contagion; but again it often appears where contagion is impossible."

This was written in 1858. Since that time I have recorded the deaths of several hundreds of children from scarlatina, with all the particulars of age, sex, parentage, locality, etc., and have carefully studied the facts from year to year, and yet what I have learned of the causes of the disease has been little more than confirmatory of the sentiments then expressed. I think now, that it is certain that scarlatina not unfrequently appears when there is no possibility of contagion; that it frequently appears where there is no probability of contagion; and that it very often fails to appear where there is the greatest exposure to contagion, if it exists. In a word, it is certain that all efforts to prevent the disease by seclusion or quarantine have utterly failed.

In Providence we can go still further, and I think we can prove positively that the good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease. On the contrary, we can show that scarlatina in this city, during the last fifteen years, has been fully as severe and fatal among those who live in comfort and affluence, as among the poor, and among those who live in poorly ventilated and filthy tenements.

Cleanliness and ventilation are of the utmost importance, and should never be neglected in any sick room. The comfort, and often the life of the patient depend upon them, but they will not prevent the spread of scarlatina.

Reviews and Book Notices.

NOTES ON BOOKS.

Among Italian writers on hygiene, Dr. ANTONIO LUIGI BRUZZA is one of the foremost. He is a naval surgeon, and it is principally to naval hygiene that his studies have been directed. Within the last ten years he has published six works on that branch. Quite recently he has written a *Compendio di Igiene practica è popolare*, which reached a second edition in five months. We have found it a valuable little treatise, convenient for use in schools, and well adapted to popular instruction.

"The Annual Journal of the Eclectic Medical Association of the State of Indiana for 1869," a pamphlet of sixty odd pages, carelessly printed on inferior paper, fairly represents in its appearance the status and acquirements of the Eclectic brethren. The best joke in it is a letter on p. 6, called, "A letter by J. Hugh (!) Bennett, of Edinburg." It seems there is an Eclectic college out West somewhere, named after this professor, and he innocently felt flattered and wrote quite an epistle about it. He little knew the company he was getting in. Nothing else in the pamphlet is worth mentioning.

Prof. Henry Miller, of the Louisville Medical College, has printed in pamphlet form his "Thoughts on Chronic Inversion of the Uterus, specially with reference to gastrotomy as a substitute for amputation of the uterus," originally published in the *Richmond and Louisville Medical Journal*. He takes strong ground against gastrotomy. The case he relates of a woman who survived and was healthy after the whole of her uterus and ovaries had been torn away by a midwife, who mistook them for the placenta, is one of the most extraordinary in obstetric annals.

We learn that the extensive publishing house of J. B. Lippincott & Co., of this city, have in press, and will issue on or before the first of June, a very complete work, historical, descriptive, and scientific, of that great natural curiosity, the MAMMOTH CAVE of Kentucky, by Dr. W. STUMP FORWOOD, now of this city, whose name is known to many of our readers. We are informed that the book will be printed in good style, and will be handsomely illustrated with colored lithographs.

Uncontrolled Insanity.

Another revolting case of homicide by an insane person occurred in Baltimore, on April 21. An insane woman in a fit of uncontrollable frenzy, cut the throats of her four children and her aged mother. These sad records are increasing in frequency.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 7, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LIMITS OF SCIENCE.

The readers of the REPORTER have lately had explained to them, or rather had an attempt made to explain to them, how light, one of the forms of motion, is converted into thought. A skilful lecturer recently delivered a most entertaining lecture in this city, during which he, in a similar manner, undertook to demonstrate that sound is converted also into thought. The argument in both instances was based upon the doctrine of the conservation of force, and its metamorphosis into different phenomena. The vibrations in matter of great tenuity which give rise to the manifestations of light and sound were traced in their course to the gray matter of the brain, and there, say the lecturersin question, "are converted into thought."

Any but a most superficial examination of this statement proves it to be illogical, and, probably, contrary to known facts. It presupposes that thought itself is a form of motion, which we need not say is as yet entirely unproven. That by these means thought may be excited or awakened, is a truism, and is very far from being an identical proposition. Thousands of sounds, millions of light waves are constantly breaking upon the gray substance of the brain, and give use to no thought at all. The reasoning faculty pursues its sublime meditations when light and sound have alike ceased their importunities, and when all the avenues of the senses are steeped in silence.

The bridge which unites perception with reflection, the thought with the motion, the psychical manifestation with its physical excitant, is as little known now as in the days of Plato and Aristotle. The physicist who chooses to unite them under one category, violates a law of experimental research, and exposes himself to the same censure which he is apt to deal out to those who seek to subject the truths of science to the requirements of dogma. Let each learn to respect the limits which nature has set to knowledge, and learn to appreciate the difference which exists between the metaphysical and physical pursuit of truth.

If the time comes when it is proven that thought is a mode of motion, at that time we shall have a very different conception of motion than that now current; and it will not undermine those practical truths which govern our daily life and duties. But that time is certainly not upon us now, nor near us, and therefore the prudent physicist will not venture into the vague and shadowy realms of hypothesis, but confine himself to the solid ground of deductive research.

"Steht er mit festen,
Markigen knochen
Auf der wohlgegründeten,
Dauernden erde;
Reicht er nicht auf,
Nur mit der Eiche
Oder der Rebe
Sich zu vergleichen."

UNIVERSITY OF PENNSYLVANIA.

We have more evidence, which we record with the greatest pleasure, that the medical department of the University is awakening to new life and vigor. The appointment of Dr. AGNEW recently to a professorship—a position he ought to have occupied long ago—has been speedily followed by the appointment of Dr. WILLIAM PEPPER, son of the late Professor of Theory and Practice of Medicine, to the chair of Professor of Clinical Medicine. The establishment of these two professorships is an indication that more is to be done to give a practical direction to teaching in the University than heretofore. A praiseworthy decision, truly!

We congratulate the Faculty and Students on the appointment of Dr. H. LENOX HODGE to the position of Demonstrator of Anatomy. He is well fitted, we believe, in every respect, to fill it with credit to himself and honor to the University, having been, for several years past one of the most popular and successful private lecturers to medical students in Philadelphia. Since Dr. AGNEW discontinued his private lectures, we believe that Dr. HODGE

has had the largest private classes in the city. Dr. H. is a son of Professor HUGH L. HODGE, Emeritus professor of Midwifery and Diseases of Women and Children in the University.

A noticeable feature in both these appointments is their nepotism, to which our schools are too much given, and which can only be pardoned where the appointment is one that is eminently fitting to be made.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By GEO. H. NAPHEYS, M. D.

No. 7.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Gout.

JOHN HUGHES BENNETT, M. D., F. R. S. E., PROF. IN THE UNIVERSITY OF EDINBURGH.

68. ℞ Potassæ nitratis, ℥ss.
Aquæ, f.℥vj. M.
A tablespoonful every four hours.

Our author has employed this mixture in acute gout as well as acute rheumatism with marked benefit in securing diaphoresis and relief of the pain.

69. ℞ Potassæ acetatis ℥ijss.
Spiritus ætheris nitrosi, f.℥ss.
Tincturæ colchici, f.℥j.
Aquæ camphoræ, ad. f.℥viij. M.
Two tablespoonsful ter die.

70. ℞ Ammoniæ phosphatis, ℥j.
Tincturæ colchici, f℥ij.
Aquæ, f.℥vj. M.
Two tablespoonsful ter die.

In chronic gout with tophaceous deposits in the joints.

PROF. S. D. GROSS, PHILADELPHIA.

71. ℞ Vini colchici radicis, f.℥i.
Morphiæ sulphatis, gr.i. M.
For one dose at bed time in gouty affections of the joints. This treatment should be preceded by purgation or venesection, if indicated, and be followed in the morning by a gentle laxative. These doses are recommended by our author as the most efficient and as seldom disappointing the most sanguine anticipations. When there is a full bounding pulse indicating excessive arterial action then the following will come into play:

72. ℞ Tincturæ aconiti radicis, f.℥i.
Morphiæ sulphatis, gr.ij.
Antimonii et potass. tartratis, gr.j.
Aquæ, f.℥jss.
Syrupi zingiberis, f.℥ss. M.
A teaspoonful every three hours.

Veratrum viride may be substituted for the aconite in the same or double the dose. The action of these potent remedies should, of course, be carefully watched and kept within proper limits. Together with the above means the following should be employed to neutralize the acid state of the blood:

73. ℞ Potassæ bicarbonatis, ℥j.
Sodæ bicarbonatis, ℥ij. M.
For six powders, one to be taken every six hours in a wineglassful of water.

As a local application nothing will be found better than

74. ℞ Tincturae opii, f.℥j
Linimenti saponis, f.℥ij. M.
To be rubbed in twice a day and constantly kept in contact with the affected joint by means of a piece of flannel covered with oiled silk. A fly blister may be used if the disease manifest a disposition to linger.

LONDON HOSPITALS.

CHARING-CROSS HOSPITAL.

Dr. SALTER'S treatment of cases of acute gout does not differ in any essential particulars from the general management of such cases; and the results are such as, in his opinion, to entitle the treatment to be considered successful. It consists of the administration of certain remedies; the prescription of certain dietetic and other management; and the application to the part affected of a certain local treatment. What he generally orders is a mixture containing iodide of potassium, bicarbonate of potash, colchicum wine, and decoction of bark. He regards as groundless, in the great majority of cases, the fears that are so often expressed of the peculiarly lowering tendency of colchicum; at the same time recognizing the fact that cases are sometimes met with which appear to be almost absolutely intolerant of it, and others that bear it very ill. He thinks that it should always be commenced very cautiously and tentatively with those who have never taken it before. He is equally incredulous of the opinion that has been expressed by Dr. TODD and others, that colchicum tends to render gout more inveterate and more apt to recur.

Dr. Salter thinks it very important, unless the case is trifling, that the patient should be kept in

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N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

bed, for the sake of the perfect physical rest, for suspending all wear and tear, and for getting some sleep by day in case the rest is much disturbed at night. He prescribes a light and simple diet—farinaceous foods made with milk, beef-tea, and fish. He does not by any means consider stimulant a *sine quâ non;* he very often gives none at all; and in cases where the patient's condition absolutely requires it, he prefers claret, or claret and potash-water, to anything else. Unless the pain is very severe and distressing by day, he does not give any sedative except at night, when he gives a sufficiently large dose to command sleep, whatever that dose may be.

The local treatment of our author is all that is peculiar. It consists in the application of the following lotion:

75. ℞. Potassii iodidi, ʒj.
Potassæ bicarbonatis, ʒj.
Aquæ bullientis, Oj. M.

To this a little tincture of opium may be advantageously added.

Doubled lint saturated with this lotion is applied to the part affected, and covered with oil-silk; to that is put a layer of cotton wool, and the whole swathed in a flannel bandage. The lint should be taken off from time to time, and re-dipped in the lotion. The relief that the patients experience from this application is very great. With or without this lotion, there are three other things on which Dr. SALTER insists in the local treatment of a gouty joint—perfect physical rest, protection, and preventing the part affected being too dependent.

MIDDLESEX HOSPITAL.

In the treatment of acute gout, Dr. MURCHISON commences by clearing out the bowels with colocynth, blue pill, and henbane, and then he relies mainly on alkalies and colchicum, the bicarbinate of potash, and colchicum wine. With these he usually combines the nitrate of potash, and in private practice the patient is also instructed to drink lithia water. In rare cases, where there is irritability of the stomach, it may be necessary to subdue this by bismuth, magnesia, lime water, and ice, with, sinapisms to the epigastrium, before giving colchicum. The inflamed joints are covered with pledgets of lint moistened with laudanum, or with belladonna liniment and oiled silk, and the whole enveloped in cotton wool. Opiates are not given except in rare cases where the pain is protracted and severe, and not even then unless the bowels be well open, and the urine free from albumen. The patient's diet is restricted for the most part to milk and farinacious articles.

ST. GEORGE'S HOSPITAL.

For the purpose of clinical instruction, Dr. FULLER divides cases of acute gout into two classes, namely: 1. Cases in which the excretory organs are originally sound and functionally active—cases in which the attack of gout is due principally to excess and indiscretions of diet; and 2. Cases in which the excretory organs are in some way disordered, and fail in performing their eliminatory functions—cases in which the patient is not necessarily guilty of indiscretions of diet, but in which the liver and kidneys fail in their action, either as the result of functional disorder, or of organic change in their structure.

The first class of cases correspond with those which pass under the name of sthenic gout; the tongue is usually furred; the urine loaded, and the bowels are commonly torpid. In these cases, until the acute symptoms have subsided, Dr. Fuller restricts the diet to liquids, administers a saline draught containing sulphate and carbonate of magnesia, and a few drops of colchicum wine, occasionally gives an aperient pill containing calomel, aconite, and opium, and wraps the joints in finely carded wool, or in flannels steeped in a solution of soda and laudanum. As the acute symptoms subside, a more generous diet is permitted, and some light, bitter tonic, such as tincture of gentian or calumba, is added to the mixture.

The second class of cases have more affinity with what is termed atonic gout: the tongue is often clean and the urine clear—sometimes of low specific gravity,—and the bowels are regular. In these cases Dr. Fuller does not restrict the diet to the same degree; he allows a little meat without vegetables, and also, if desired, a glass of sherry or a little spirits and water. He acts freely on the skin by means of the hot-air bath; administers an aperient in the morning containing taraxacum and sulphate of magnesia, and during the day he gives a warm stomachic draught containing ammonia, and a few grains of soda in a light bitter infusion. Occasionally a dinner pill is prescribed containing rhubarb and a grain of colchicum; and in some instances, characterized by pale clear urine, a draught containing quinine, the mineral acids, and taraxacum, is substituted for the mixture just referred to. In these cases, as soon as the acute symptoms have subsided, a drachm of the syrup of phosphate of iron is given each morning morning before breakfast.

WESTMINSTER HOSPITAL.

Dr. RADCLIFFE thinks that, during the last 20 years, there has been a great change in the character of the cases of gout which fall under the physician's notice. The acute gout of old, he believes, is now rarely met with. It is much more common to meet with the subacute form—the form, that is, which is more nearly allied to rheumatic gout. Dr. Radcliffe does not employ colchicum. In a case of gout where some part of the foot is involved, he raises the limb to a height above that of the pelvis, gives diluents, iodide of potassium, alkalies, and no

colchicum. Nor does he give purgatives. He diminishes the allowance of port wine and beer.

J. Spence Ranskill, M. D., Physician to the Hospital for Paralysis and Epilepsy, London, etc.

Our author read at the meeting of the Harverian Society a paper on the therapeutic value of

Olive Oil.

The paper consisted of a history of two cases of gout, which he considered types of the kind of disease, and especially as to the stage of it in which the internal administration of olive oil was most useful. The first type was represented by a patient affected with comparatively acute attacks, reappearing with very short intervals, and making little or no way toward convalescence. Bark, quinine, iron, had frequently failed to prevent a reappearance of the disease. Cod-liver oil was rarely borne at all. In such cases, olive-oil, given when the patient lapsed in the interval, had answered all the acquirements of the case in Dr. Ramskill's hands. Nutrition began to improve, and no more relapses occurred. The second case was a type, also, of a class of cases, where all acute symptoms having long subsided, vague and uneasy pain remained in all the joints—associated only with stiffness or difficulty and pain on movement. The general health, meanwhile, slowly deteriorated, with much general wasting; and no impression could be made on the system by the usual tonics. Here the use of olive-oil was more quickly beneficial; but it often seemed to act as a hæmatogen. In true rheumatoid arthritis, the use of the oil was, perhaps, more beneficial than most ordinary remedies; but Dr. Ramskill could make no assertion as to the favorable action of any single remedy on this disease. The dose of olive-oil should not exceed a teaspoonful at the commencement; it should be gradually increased until a laxative effect announced the attainment of such a dose as exceeded the absorbent power of the stomach and intestines. Any vehicle, containing a few drops of sulphuric ether, would then help to assimilate the oil and prevent diarrhœa. It was important to obtain perfectly fresh and new oil, to insure absence of rancidity, and consequent eructations and disorder of the stomach. Dr. Ramskill considered the remedy as a combination of food and physic; but still one unattainable by ordinary food and medicine. It was important to begin its administration when the patient was free from acute attacks, or, at least, from fever. The passage of pale urine, or of greenish yellow urine, that suggesting oxaluria, was an indication for its use, especially if accompanied by hypochondriasis, general *malaise*, and weariness and aching of joints. Dr. Ramskill said he had found great benefit from the use of olive-oil at the Hospital for Paralysis and Epilepsy, especially in cases of lead-poisoning, after the acute symptoms, such as colic, had subsided; always in the malnutrition accompanying paralysis of the extensors of the hands; also in Cruveilhier's atrophy; and in epilepsy, associated with great cachexia. In all these conditions, supposing cod-liver oil disagreeing, and therefore inadmissible.

"Sure Cures."

We have noticed several "sure cures" going the rounds of the dailies lately, and that physicians may not be the only ones ignorant of them we repeat them.

Hydrophobia. First, raw onions, are an infallible specific. They are to be taken *ad libitum*. The best method of administration is to lock the patient in a room with a pile of them handy.

Second, Elacampane. "Elecampane is a plant well known to most persons, and is be found in many of our gardens. Immediately after being bitten take one and a half ounces of the root of the plant—the green root is preferable, but the well dried will answer, and may be found in our drug stores, and was used by me—slice or bruise, put it into a pint of fresh milk, boil down to half a pint, strain, and when cold drink it, fasting at least six hours afterward. The next morning, fasting, repeat the dose prepared as the last, and this will be sufficient. It recommended that after each dose nothing be eaten for at least six hours."

Small Pox. When the preceding fever is at its height, and just before the eruption appears, the chest is rubbed with croton oil and tartaric ointment. This causes the whole of the eruption to appear on that portion of the body, to the relief of the rest. It also secures a full and complete eruption, and thus prevents the disease from attacking the internal organs. This is now the established mode of treatment in the English army in China, and is regarded as a perfect cure.

Useful Invention.

Dr. G. M. Sternberg, U. S. A., has invented an application of electricity which promises to be useful. It is an electro-magnetic regulator for dampers and valves. It can be adapted to the automatic regulation of temperature, of steam pressure, of the height of liquid in a reservoir, etc.

Errata.

Page 318, 17th line from bottom, for *mere* read *non*.

Page 319, 8th line from bottom, for *of* read *to*.

Page 353, in the heading of Dr. Alexander's article, omit the word "*Infantile*." The treatment is intended for adults also.

Page 353, 11th line from bottom, for *substance* read *sustenance*.

The Enemy Active.

We notice that the enemy is still busy sowing tares in our wheat fields. The *New York Tribune* of a recent date says:

"Some of the homeopathists are now engaging more actively in a work that will turn increased attention toward their system through its application to insanity. Their institution at Middletown is proposed, in a bill of Assembleyman Graham, to be somewhat changed in name, and more fully organized. In case $150,000 shall be raised by private means, this bill proposes the State shall give an equal amount—which $300,000 shall be used in buying suitable lands and erecting buildings for enlarged operations.

Vital Statistics.

The vitality statistics of Michigan have just been published. The fact brought out that will strike the reader as the most singular is, that the professional men were the longest lived class. The average age of clergymen and physicians was 59 years, while that of farmers was 51.27 years, being even less than that of shoemakers, whose average age was 55.50 Clerks enjoying a shorter life than any other class, only 33.14 years being allotted to them. Of the various diseases that sweep away the people, consumption was the most fatal, its victims numbering 841, out of a total number of deaths of 6,326.

Medical Society of New Jersey.

This venerable Society—the oldest in America holds its 104th annual session in Trenton on the 4th Tuesday in May.

The committee of arrangements in this city are Drs. Freese, Hodge, and Walberg Coleman. The annual meetings of the society are generally occasions of great interest.

We bespeak a general attendance.

Annual Meeting of [the Medical Society of] New Jersey.

The annual meeting of the Medical Society of New Jersey will be held in Taylor Hall Building at Trenton, on Tuesday and Wednesday, May 24th and 25th, commencing at 7 o'clock P. M. on Tuesday.

WM. PUISON, JR.,
Recording Secretary.

Orange, N. J., April 29, 1870.

——Dr. J. W. Byers, of Missouri, for a number of years a practicing physician, has been appointed a missionary to Corisco, West Africa. It is understood that Dr. Byers will very soon set sail for this mission, which has recently been very much weakened by loses and sickness.

Correspondence.

DOMESTIC.

Medical Education.

EDS. MED. AND SURG. REPORTER:

If the sentiments expressed in the records of numerous medical societies, and the communications of many members of the profession, to our various medical journals are trustworthy, there is no want so deeply and earnestly felt by the regular profession as that of a more thorough medical education. While many attribute the deficiency in this respect to the ignorance and want of discrimination among the people, outside of the profession, which permits them to employ and remunerate in the same manner, and to the same, if not greater, extent the pretender and the educated physician, I think it is but justice to ourselves and the community that we look carefully to our own body and see whether "a mote," at least, may not be discovered in its eye.

The relation that the following case, which has recently come under my own observation, bears to this subject may be readily perceived by all. An individual, at least forty years of age, who had, during the last fifteen or twenty years, been engaged in the various callings of pedagogue, clergyman, legislator, "natural healer," (stationary and itinerant,) administrator of little pills, according to the benign (?) principles of homœopathy, animal magnetizer, etc., etc., having a personal friend in the medical profession a prominent member of the State Medical Society of Minnesota, made known to said friend his desire to become a regular M. D., provided he could do so without expending too much time and money in the process. During the summer and fall of 1869, by the aid of this friend, communication was opened with the Jefferson Medical College, of Philadelphia, and sufficient assurances were received from *the dean*, DR. B. HOWARD RAND, to cause this pursuer of medical knowledge, or more properly of the degree of M. D., to report himself at the college above mentioned, armed with his friend's certificate in regard to moral character, qualifications, practice, etc. He was duly admitted, accepted as a candidate for graduation, and now his name appears in the list of graduates from that institution at its last commencement; he thus having obtained the much desired degree by a course of study of *less than six months'* duration, and by the aid of funds procured by pursuing practice according to the most approved methods of modern charlatanism.

Now is this *regular* M. D. entitled to the rights and privileges of a member of the medical profession simply because he has procured a diploma from the

Jefferson Medical College? and does the possession of said instrument render him any less the quack? I am informed that he has already entered upon his career as an itinerant, in which capacity his diploma will be of incalculable value to him.

Respecting the physician who gave the certificate, and the college that granted the diploma, I have nothing to say, as they are *regular*, therefore honorable and unimpeachable! NORTH WEST.

[It is with sincere regret we learn the state of things as disclosed by the above letter. The writer is a responsible physician in Minnesota, whose name we are ready to give. If the present officers of the Jefferson Medical College are yielding to the temptation to manufacture doctors in that style, they are doing an injustice to its alumni, injuring its reputation, and aiding in the degradation of professional education. EDS.]

Worm Confections—How They Act.

EDS. MED. & SURG. REPORTER:—

Sallie T., aged 6 years, was taken violently ill on April 6th; I was called in; found my patient suffering under severe abdominal pains over hypogastric region, vomiting and diarrhœa with tormina and tenesmus; conjunctiva injected; pupils dilated, and all the symptoms of marked prostration. On questioning the mother, I learned that she had given the child 8 worm confections obtained from a neighboring drug store. This information enabled me to see more clearly the nature of my case. The symptoms indicated some irritating substance within the stomach and intestines. Remedies were administered to counteract the irritating effect of the poison which I conclude from the symptoms and the mother's statement, to be santonine. This enters largely into the composition of the nostrums, which are advertised by impostors as safe, pleasant, and effectual worm destroyers.

The treatment was followed by recovery, yet my little patient was left much prostrated.

G. FORD MEESER, M. D.

Philadelphia.

Experience of an aged Pioneer.

EDS. MED. & SURG REPORTER:

Just across the river, in the adjoining county of Clarion, lives Mrs. Lash—one of the few surviving pioneers of Western Pennsylvania.

During an interview with her a few days ago, we gleaned the following facts, some of which may be of interest to the readers of the REPORTER.

This useful Christian lady is nearly seventy-two years old. She was wife to her first and only husband, fifty years lacking three days. She is the mother of six children; the grandmother and great-grandmother of sixty-four.

Owing to the scarcity of doctors in early times, this lady, possessing good nerve and excellent sense, became a useful nurse and a practical midwife. Her services were in demand far and near. Her life has been one of eminent usefulness.

She was the presiding genius at one hundred and seventy-six births. Among these were three pairs of twins; three were born feet foremost the rest being normal cephalic presentations.

There was not one case of puerperal fever, convulsions, or placenta previa. Three times she called medical or surgical aid to remove the placenta. She invariably used two ligatures, severing the cord between them, and in many cases omitted the binder. She confined the mother to bread, water, and sugar, for nine days, and lost neither mother nor child in all her experience; true, she attended many cases of premature births, besides those just enumerated, among which she lost not one mother.

She was generally able to control after pains and re-establish suppressed lochia, by placing over the pubis a large handful of tansy, catnip, peppermint, spearmint, or other aromatic herb, over which boiling water had been poured, and applied as hot as the patient could bear it.

A. D. BINKERD, M. D.

Parkers Landing, Armstrong Co., Pa.

Cerebro-Spinal Meningitis.

EDS. MED. & SURG. REPORTER:—

On the 13th of February last, epidemic meningitis broke out in this locality, ten deaths in all occurring, eight of them during the first eight days. It has been confined to a locality of four miles square. I will give, briefly, the symptoms and treatment we have adopted.

The first symptom was a chill, which lasted from one hour to six hours before reaction took place. Some few, in fact all of the fatal cases, never seemed to have any reaction at all, dying in from eleven to thirty-six hours; in fact, were dead before fever formed at all; the pulsation at the wrist being gone, while the external arteries of the neck and face could be seen beating with a fretful or fluttering motion. If reaction came on, there were more or less acceleration of pulse, heat of skin, intense headache either in the front or back part of the neck, in some cases extending down the spine; partial paralysis in some cases; in fatal cases, coma more or less profound came on in from two to six hours, and lasted till death. The tongue generally was covered with a thick creamy coating, with more or less of enlarged red papillæ, protruding through the coating.

About one-half of the cases were profusely covered with petechia, and dark purple spots, like ecchymosis, from the size of a pin-head to two inches in diameter. In those cases that recovered, these spots sloughed, and came out by a well-marked line of demarcation.

The bowels and urine were apparently normal. Some cases were attacked the same as an ordinary case of inflammatory rheumatism, except the heat and swelling of the joints. The attack in all as far as my knowledge goes was sudden, and all of the fatal cases, but two, were attacked between midnight and 5 A. M. The pupils of the eye in all were largely dilated. The fatal cases occurred in those from five to twenty years of age; males and females about equal in number. Convalescence in the recoveries was slow; relapses none.

The treatment consisted in bromine, in large doses in some cases, grs. v, every three hours, with capsicum; tinct. chloridi ferri, in large doses, with stimulants; sinapisms to the spine, chest, and extremities.

The quinine was generally given at first in hot brandy sling. In some cases with a strong tendency to putrid symptoms, chlorine mixture was given quite freely. Such is a brief outline of the history, symptoms, and treatment of the disease as it appeared here.

O. Logan, M. D.

Albion, Erie co., Pa., April 2, 1870.

[The above description corresponds closely to the cerebro-spinal meningitis which was so terribly fatal among the drafted men in Illinois, in January, February and March, 1865. In February, 128 deaths occurred in Camp Butler alone. The nocturnal onset, and the excruciating pain in the back of the neck, we well remember as prominent symptoms. The most varied and heroic treatment was utterly unavailing.—Eds.]

Marasmus.

Eds. Med. & Surg. Reporter:

Jane Wilson, æt. 4, about six months, before her mother requested me to treat her began to emaciate with gradual loss of muscular power, and of voice. During four months she could neither stand, nor speak louder than a feeble whisper. Her wasted muscles were flabby, and her skin much corrugated, while pain pervaded her entire person. After various inquiries I ascertained from the mother, that Jane habitually and voraciously craved large quantities of animal food, especially fat pork, which was often on the table in consequence of her father being extremely fond of it. He constantly gave her as much as she requested.

My diagnosis was: that the cause of her condition was a suspension of nutrition, dependent upon undigested food, which was incapable of furnishing chyle. I charged her mother never to allow her to gormandize again, and prescribed

℞. Syr. Ipecac, f.℥j.
Dose, 5 drops, 10 minutes before each meal.
℞. Syr. ferri iodid., f.℥j.
Dose, 6 drops, 4 times a day, in a teaspoonful of water, combined, till relieved of pain,
℞. Liq. morph. sulph., f.℥ij.
Ten drops.

Five days subsequently she could stand and crawl. In three days more she could walk about and talk; and in three weeks from the commencement of treatment, she was entirely well, and has continued so up to the present tine.

Thomas Barrow, M. D.

Baltimore, Md., April 9th, 1870.

A Case of Miscarriage.

Eds. Med. & Surg. Reporter:

The following is the report of a case of miscarriage, with profuse hemorrhage, and recovery of the patient.

Mrs. A., aged 35; active, although anæmic woman; was suddenly delivered of a fœtus of about four months, at one o'clock, on the morning of the 10th of March. Shortly afterwards I was called and found her almost moribund from loss of blood. She had complained during the previous day of a dull headache, with lassitude, and went to bed; towards midnight, however, she expressed herself much relieved, and thought the night would be passed comfortably.

About 2 o'clock I arrived and found her as above, pulse almost imperceptible, the bleeding continuing freely and the bed around her deluged. The child which was partially putrescent, had been removed, with about six inches of the funis attached—placenta still remaining.

My efforts were immediately directed to the hemorrhage, which by means of pressure, cloths saturated with cold water and ice, was arrested in about five minutes. I did not at this time attempt to bring the placenta away, fearing that the infliction of violence would promote a further drain in the apparently lifeless woman; but introducing a tampon I allowed her to remain quiet for upwards of half an hour, exhibiting small doses of brandy at short intervals. This had to be temporarily suspended, however, for soon the stomach became irritable, the patient vomiting freely. I then prescribed 15 grain powders of ergot, which was also discontinued after the first dose for the same reason.

About three o'clock having sent for Dr. F. Howard, Professor of Obstetrics, in Georgetown Medical College, we attempted, but failed to extract the placenta—it was quite adherent to the fundus. Finally, upon consultation, it was decided to relinquish

further efforts in this direction on account of the small size, and depend upon nature for its being carried away; at seven A. M., I left her comparatively easy. I again saw her about ten, and removing the tampon found there was a slight occurrence of the hemorrhage—perhaps a gill escaped; beef tea, milk punch, and brandy ordered. Three o'clock in the afternoon she was quite comfortable, but feeble; there has not been the slightest pain from my first visit.

Next day I found her much improved, the tampon which had been readjusted was now removed. The beef tea was suspended, but she managed to retain the stimulants.

There was slight fever on the morning of March 12th, and the pulse in the evening reached 110 temperature 101°. Ordered the body to be sponged with tepid water and Ipecac. et Opii pulv. gr. viij.

March 13th. Fever continues unabated, there is no uneasiness, however, about the hypogastrium; resumed the beef tea which she can now retain, and a cathartic of

R. Ol. Ricini, ℥jss.
Ol. Terebinth. ℥iij.
Spts. Lavand. Comp. et. Mucilaginis, aa. ℥j.
M. Ft. Emuls. Sig.—Coch. mag. Hor. altern.

March 14th. Bowels moved twice during the night; fever and temperature somewhat decreased; a slight offensive odor is now arising from the discharge. Ordered the following: An injection of 1 to 100 parts carbolic acid, and three grain doses of quinine twice a day.

March 15th. To-day the fever continues the same; odor more manifest; injected solution into the cavity of the uterus. Beef tea and milk punch *ad libitum*. She slept well during the night.

March 18th. Patient steadily improving; pulse 94; temperature 99.5°. She can now change about in bed, and is very cheerful. An annoying bad sore has appeared over the left tuber ischii, which is gradually yielding to appropriate treatment. Prescribed a tonic of the bitter wine of iron with syrup of ginger.

March 21st. From this time forward she continued to improve; the odor disappeared about the 22d, and on the 3d of April she rode out.

Permit me to add in conclusion, that for me the case was possessed of three points of special interest. First, the frequency that a woman *can* abort, for let me state this is the extraordinary number of eleven times, besides she has had five living children, four of them now grown; the second, that we must not despair even in the most alarming cases of flooding, and the third, the safety as suggested by Bedford in the retention of the placenta in early abortion.

J. F. Hartigan, M, D.

Washington, D. C.

News and Miscellany.

Vital Statistics of Massachusetts.

The records of births, deaths, and marriages in Massachusetts during the past year, develop some serious facts. A comparison between the marriages of American and foreign-born persons in the State and the births in the families of the same extraction show that while there were twice as many "American" as "foreign" marriages, there were more children born of the latter parentage than of the former. In Boston the two classes of marriages were about equal in number; but the births of foreign were as 7 to three of American parentage. Yet the total number of births was the largest ever reported. Twins must be scarce, for the plurality births were not 1 in 50. The number of marriages has diminished, being less than in last year or year before. It is recorded that a maiden of 38 years became the sixth wife of a gentleman of 65, and there were three instances of marriages at ages exceeding 80. On the whole, the population of Massachusetts is increasing at the rate of 29 persons a day.

A Shrewd Rascal.

A genius has discovered that submitting to the operation of a stomach pump may be a means of raising the wind. At last accounts he had passed through Troy. His method begins by taking a room in a hotel. After a short term of boarding, he tells a woful tale of sudden and unexpected loss of funds. He is desolate, distracted, and "down in the mouth." He retires to his room, takes a white powder, and groans. A sympathetic crowd of boarders rushes in, a doctor is called, emetics and similar appliances freely used, and his life is saved *every time*. Apparently intending to destroy his life, he is really making his living. On each occasion of the sort a purse is raised for him among the pitying spectators and he is enabled to start anew. At the next town he repeats the process, and again illustrates this latest development of the *ars vitæ*.

——There is said to be living in the neighborhood of Dumfries, Prince William county, Va., the widow of a revolutionary soldier—Mrs. Chloe Flatford, who has reached the unusual age of 115 years. She enjoys good health, but is very deaf, and her eyesight is somewhat impaired. She has lost all her teeth, but has a thick suit of gray hair. Her memory is good. She says she was a grown woman at the time of the surrender of Lord Cornwallis at Yorktown. She is in the receipt of a pension from the United States Government, and is very comfortably cared for. The old lady both chews and smokes tobacco.

——The Commissioners of the Charities and Corrections, of New York, have directed that prison officials give every facility to Dr. Hudson, who is to collate statistics on alcoholism and habits of prisoners. We are glad to notice, too, that they have ordered that milk and beef-tea be substituted for whisky as an invigorator to convalescents. The substitutes, it is thought, will prove as nourishing if not quite as exhilarating as the whisky, and we have no doubt that in very many instances it will be found to be the case.

——The physicians of Lee Co., Alabama, met on the 11th of March, at the office of Drs. BARNETT, and SHEPHERD of Opelika, and formed themselves into a Medical Society. There was a good attendance. Dr. Barnett was elected President. A Constitution and by-laws were adopted. Meetings are to be held on the first Tuesday of each month at Opelika.

—— At Nantucket, George and Sarah M. Easton, aged respectively 85 and 81 years, reached the sixtieth anniversary of their marriage on the 8th ultimo.

—— H. Genet Taylor, M. D., of Camden, has been appointed and commissioned by Governor Randolph to the position of Surgeon of the Fifth Battalion, National Guards, of Camden.

——Miss Morgan, an English lady, has been graduated with distinction in Medicine, surgery, and midwifery, at the University of Zurich.

—— At the annual meeting of the Medical Society for the county of Hunterdon, N. J., held at Flemington, Dr. Cornelius N. Larison was chosen president, and Dr. G. H. Larison secretary, for the ensuing year.

—— The house of Dr. George B. Smith, in Benevolence, Ga., was struck by lightning on the morning of the 29th March, and he was instantly killed.

QUERIES AND REPLIES.

Brown-Sequard's Formula.

MESSRS. EDITORS: Will you give in the next number of the REPORTER, Brown-Sequard's formula for neuralgia, as per Napheys' Modern Therapeutics, and oblige those who have not that work. Respectfully yours,

J. C. M., M. D.

REPLY:

R.	Extr. belladon.,	gr. 1—6th.
	Extr. stramon.,	gr. 1—5th.
	Extr. can. ind.,	gr. 1—4th.
	Extr. aconit.,	gr. 1—3rd.
	Extr. opii,	gr. 1—2lf.
	Extr. hyoscyami,	gr. 2—3d.
	Extr. conii,	gr. j.
	Pulv. glycyr.,	q. s.

For one pill. S. 3 to 5 a day.

Pruritus Vulvæ.

EDITORS REPORTER: I notice in looking over your most interesting and instructive weekly, several prescriptions for pruritus vulvæ. I have used the various combinations with borax, with some benefit, but in one instance everything failed, until I fell upon the following mixture, which, from its prompt and efficient action, I can warrant a specific in this most troublesome and annoying complaint:

Carbolic acid,	℥i.
Hyposulphite soda,	℥ij.
Glycerine,	℥ij.
Water,	℥vi.

Mix, and apply to the diseased parts by saturating a cloth; use the vaginal syringe if necessary.

As I believe in the "bug theory" of the various *itching* diseases, the above combination is a "dead shot." The intolerable itching produced by "grey backs" is a *living monument* of the parasitic theory of itching complaints.

C. W. DAVIS, M. D.

Iowa.

Dr. J. S., of Ind.—"Please inform me of the best journal on Obstetrics; also, price."

REPLY.—The *American Journal of Obstetrics*. Price, $4—$3 to subscribers to the REPORTER, when ordered through us. *Corrected from last week's number.*

MARRIED.

DODGE—STEELE.—In Springfield, Vt., April 13th, by Rev. L. H. Cobb, William L. Dodge, M. D., and Miss Hattie S. Steele.

JONES—GROSS.—At Washington Hall, Trappe, April 14th, by Rev. J. Kohler, Randolph Jones, M. D., of St. Inigoes, St. Mary's county, Md., and Miss Matilda A. Gross, of Trappe, Montgomery county, Pa.

MCREYNOLDS—VAN MATRE.—In Cincinnati, O., April 19th, 1870, by the Rev. John H. Elliott, Rector of St. John's, Dr. William H. McReynolds, and Ellen, daughter of the late Daniel and Maria A. Van Matre, all of that city.

DIED.

CLEMENS.—At Allentown, Pa., April 28, 1870, of dropsy of the heart, Mrs. Clemens, wife of Dr. H. S. Clemens.

KIMBALL.—Dr. Leonard Kimball, of Nashua, N. H., a well known physician in that city, died on April 15th, aged 63 years.

TULL.—In this city, April 29, Dr. J. Graham Tull, in the 54th year of his age.

METEOROLOGY.

APRIL.	18,	19,	20,	21,	22,	23,	24.
Wind.....	E.	N. E.	N. W.	N. E.	N. W.	S. W.	S. W.
Weather.	Cl'dy	Cl'dy	Clear	Clear	Clear	Clear	Clear
	Rain.	Rain.	Frost				
			Ice.				
DepthRain	2 5-10	1-10					
Thermom....							
Minimum..	36°	37°	33°	40°	42°	41°	43°
At 8, A M.	52	43	47	46	50	50	57
At 12, M...	52	47	57	59	57	64	70
At 3, P. M.	50	46	57	62	58	65	71
Mean.....	47.50	43.25	48.50	51.75	51.75	55.	60.25
Barometer..							
At 12, M...	29.6	29.8	29.8	29.9	30.1	30.1	30.1

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

No. 689.] PHILADELPHIA, MAY 14, 1870. [Vol. XXII.—No. 20.

Original Department.

Communications.

WOUNDS OF THE SCALP.

By Philip S. Wales, M. D.,

U. S. Navy.

(continued from page 382.)

When we have to deal with wounds of the head, we find ourselves beset with various sorts of possible dangers, the most common of which is inflammation of the scalp of an erysipelatous character, which, however, if the injury has occurred in a healthy constitution will not generally run a prolonged or dangerous course. It begins within three or four days, and is marked by a general swelling of the scalp of the whole vault, even involving the eyelids and ears; its surface is yellowish in color, with vesicles sometimes scattered here and there over it, and pits, or receives the impress of the points of the fingers which dispel the color momentarily. Constitutional symptoms—feverishness, nausea, and vomiting, are found in connection with these local changes, but in a few days they both diminish and the wound suppurates kindly while the skin desquamates.

The course of this disease is different in those cases in which the erysipelatous inflammation extends beneath the tendon of the occipito-frontal muscle or the pericranium. In consequence of some peculiarities of the constitution or other cause—the swelling of the scalp is great, there is much pain in the head, and the constitutional symptoms are severe; pus is formed in these deep situations, rupturing the cellular connections between the tendon and the pericranium, or, insinuating itself between this latter and the skull, forming in some cases, a vast abscess. This condition, as intimated above, is rarely met with except in persons of broken-down or exhausted systems, who almost always succumb. Several explanations of the frequent connection of scalp wounds and erysipelas have been offered, but none are entirely satisfactory. Desault, Bichat, and Petit assumed that they disorder the hepatic function, thus producing a state of the constitution favorable to its development.

Unless the scalp has been deprived of life by the violence of the contusing cause, its ample supply of blood vessels preserves it from mortification when extensively riven from the parts beneath; and the result which would almost inevitable, under the same condition of things, occur in other parts, is here rarely observed; instead, we find the pus breaking through the separated scalp at ulcerated orifices, and escaping exteriorly. Another form of this diffused morbid action has been recorded by Dupuytren in rare cases, consisting in a wide spread phlegmonous inflammation of the integuments attended with ulceration and consecutive hemorrhage from the larger arteries of the scalp.

A further danger sometimes added to traumatic inflammation of the scalp is the extension of this action to the brain and its membranes, an effect which may result from an apparent trivial wound; hence, the necessity of the greatest care in all cases where the sightest lesion has been inflected upon the head.

The treatment of scalp wounds will depend upon their nature and extent; but in all cases the first thing to be done, in order to put the wound in the best possible position for healing and securing the greatest possible freedom from danger to life is, to extract all foreign substances that may be present—the wounding agents, or any objects carried along with

them into the wound; all these are to be carefully removed from any position in which they may have lodged, but especial attention is demanded by those cases in which the object may have been driven into the temporal or zygomatic fossæ, for it is here that the pus may burrow and give rise to the most serious consequences.

In all wounds of the scalp, it should be carefully shaved and cleansed of all grease, dirt, or hair, for a sufficient space around the wound, to permit the application of the requisite dressings; the hair on the balance of the scalp ought to be clipped short, to avoid the possibility of its getting into the wound or matting with blood, the secretions of the part, or any application that may be made; besides, bandages are less likely to be disturbed or slip from a closely cropped scalp.

Incised wounds require their edges to be brought together in close contact, and for this purpose I have found nothing surpassing the twisted suture in simplicity, efficacy, and harmlessness. I never employ anything else where uniting means are indicated. Others employ and recommend court-plaster, collodium, tying the hair in locks with a waxed thread, and lastly adhesive plaster, cut in strips of sufficient length to go around the head once and a half, where there is need of very firm support, but may be shorter in incisions of limited extent. The interrupted suture may also be used fearlessly as far as their causing erysipelas, or any other bad result, but it is far inferior to the twisted suture in coaptating and supporting the lips of wounds. In one case that came under my care a year ago, a man fell from the mast of a ship, breaking his lower jaw in three pieces, lacerating the scalp, and breaking three ribs. Fifteen points of twisted suture were put in the scalp; at the end of 16 days the man died from pneumonia, originating in the injury to the ribs; I examined the scalp and found all the wounds united kindly, no suppurative inflammation having occurred at any point. In fact in simple incised wounds, no other dressing is required, unless some complication arises as perhaps, in two or three days there may arise an unusual amount of swelling of the scalp pain, when water and dressing should be employed, cold generally and by preference, but warm may be, in some cases, advisable.

Should the scalp be torn in strips or flaps, all the torn portion must be carefully preserved, cleansed, and after the bleeding has been completely checked, brought together, for there is little fear of gangrene to be entertained even in very severe cases. The parts have been known to unite, after they had become perfectly dessicated by the time elapsing before the dressings were put on; soaking well in warm water soon conferred the necessary softness to enable a re-application of the flaps to be made. These attempts will more certainly be rewarded by success in young and healthy persons. Put all of the torn parts into as accurate a position as possible with the point of the twisted suture, and wait forty-eight or thirty-six hours to see if everything is going on well; do not be hasty with dressings of any sort, not even water, for if we desire to employ our remedies scientifically and with certainty do not have recourse to them without having in view some definite purpose which they are to effect. It is hardly the case that water can prevent the occurrence of inflammation when its cause is present and evident, but we do know that water may be pernicious in at least two ways: firstly, by its temperature lowering the vital activity beneath that required for the reparation of the injury; and secondly, diluting and softening the agglutinating materials deposited on the lips of the wound. But when the inflammation has gone beyond that degree when reparation can occur, then water properly employed may mitigate the inflammation, and bring it towards the standard at which consolidating lymph may be deposited.

If there be loss of scalp-substance, the subjacent parts will under such simple treatment granulate and cicatrize. It should be seen to also that every part of the flaps is in contact with the surface below, for although they may not immediately unite they will finally do so by granulations if kept in contact, valuable time is also saved by this plan, and head complications rendered more improbable by the absence of purulent matter beneath the scalp.

The same treatment also applies to contused wounds, but here an additional trouble is introduced in their treatment by the effusion of blood and their more frequent complication with inflammation, purulent deposit beneath the pericranium or occipto-frontal, or in the cellulo-adipose tissue of the scalp, erysipelas and inflammation of the brain and its membranes.

Should any pus form beneath the flaps, evacuate it as thoroughly as possible when it

is discovered, and exercise gentle compression with a bandage to bring the flap again in contact with the surface below, but do not follow the advice of J. L. Petit, and some other authors of making buttonhole like slits in the flaps in advance. Pus beneath the pericranium must also be evacuated so as to prevent further separation of this membrane and risk to the vitality of the bone beneath. However, even when the bone is denuded and its pericranium even sloughed off, it does not always exfoliate; for its surface may become covered with granulations and finally unite with the scalp. If the separation of the scalp has gone on to a considerable degree in spite of incisions, make counter openings to evacuate it and employ gentle compression with a head bandage as before. In the course, also, of a long track or sinus, a counter opening may be made in its centre to facilitate the exit of pus, which may be also made more disposed to heal by washing it out with a syringe armed with a long flexible tube. These long sinus-like wounds are those which give a great deal of trouble, inflame, suppurate and almost always the scalp becomes puffy, and œdematous, yet though apparently inviting incision, we should not cut them up.

The effusion of blood beneath the scalp will generally disappear without any treatment, being gradually absorbed. Perhaps, the process may be somewhat facilitated by resolvent lotions, as solution of muriate of ammonia in vinegar and water, or diluted alcohol and pressure; but in no case should the scalpel be called in aid of this process, as an incision, though it may rid us of the blood (and it does not always do this, for the cavity may fill up again), still it leaves us with the prospect of subsequent inflammation and suppuration.

I believe it was Champion who first called attention to the plan of dissipating such tumors, by forcibly pressing upon them with the fingers until the blood is dissipated into the surrounding areolæ, called by the French *écrasement*.

The most formidable complication is intercranial inflammation propagated from the exterior, when this threatens, and we are never free from fear when there is a scratch upon the scalp, our medication should be prompt; bleeding, active purgation, and continuous cold to the head are the remedies to be relied on. But it is wonderful to see the speedy recovery from the most serious wounds of the head. I saw one case where an ounce or two of the brains were forced from a fractured skull, caused by falling from the mast of a schooner; the man recovered with no relics of injury but enfeebled sight.

The nervous symptoms are as we have already said, very rebellious. It has been recommended to make deep incision into the scalp down to the bone, with a view of cutting entirely some half-divided nervous filament suppositiously existing to account for the pain; but it is better if possible to avoid this, and endeavor to cure with such remedies as are adapted to neuralgia in its ordinary form—hypodermic injection of morphia will, perhaps, stand at the head. The explanation of the persistence of the nervous symptoms by the supposition of the existence of imperfectly divided nerves does not justify this severe operation. We see nerves partially torn every day in various sorts of wounds of other parts of the body, yet we fail to see that neuralgia is the consequence.

MEDICAL COUNSEL IN LEGAL CASES.

By Sumner Rhoades, M. D.,

Of Syracuse, N. Y.

One morning, four years ago, two lawyers came to my office at Ithaca, N. Y., and requested me to go into Court and help them try a case, in which their clients were under indictment for murder. I said to them, "I have a poor opinion of your case." They answered, "Never mind; perhaps you will think differently after more thorough investigation. However that may be, you must admit that these poor people are entitled to the benefit of every doubt which can be thrown upon the question of their guilt." To this, I could only say, "Very well; I will go and assist you, on condition that you will not put me on the stand as a witness." The required promise was given. The work was done; and so successfully, that a verdict of not guilty was obtained, mainly through a fair and skillful cross-examination of the medical witnesses presented by the prosecution.

My observation on that occasion, and some subsequent ones, has convinced me that many times the interests of our client, and the honor of our profession, require that the physician acting as counsel in preparing and trying a case at law, should in the outset stip-

plate that he shall not be required to serve also as a professional witness. Such stipulation obviates the necessity and embarrassment of holding the mind in a judicial attitude, and enables him, without compunction of conscience, to strive, like the lawyer, *to win.* It secures open recognition of our services by lawyers, and tends to a better understanding between the two professions. It thus encourages the practice of the unconcealed employment of medical counsel; and this practice relieves the testimony of other physicians from the suspicion of unfairness, which the jury might entertain, if they thought the same man was both counsel and witness. It secures more thorough pre-investigation of the case, and so enables the physicians, who are witnesses, to go to the stand better prepared to meet the questions that may be asked them, thereby diminishing the differences of opinion real and apparent, which sometimes give unwonted opportunities to our legal adversaries. It has been objected, that the practice recommended increases the expense of litigation. I answer, the parties must judge whether their interests require medical, as well as legal, counsel. And if they do, why should not both be paid, rather than one only? Medical counsel can do good service in the preparation, where it may be inconvenient or inexpedient for him to appear personally at the trial. Thus, a few months ago, I furnished a brief for the defense of a physician, who was tried at Utica, on charge of manslaughter, and who has been acquitted.

My attention has just been specially directed to the subject of this article, by a case, tried at the April circuit, at Auburn, N. Y., in which I was medical counsel for the N. Y. Central Railroad Company. They were sued for $10,000, by a man claiming to have been injured on a car thrown from the track by a broken rail. The plaintiff's lawyer, in his able and eloquent address to the jury, did not forget to make the most of the company's having employed medical counsel. His remarks are best answered by the fact, that within a week, the jury having disagreed, the plaintiff was obliged for a surgeon to aid in preparing his case for trial again in October.

Even when one of the parties is himself a physician, it would sometimes be well for him to employ other medical counsel. For lack of this a physician of this county was recently cast in a malpractice suit, the plaintiff obtaining an unjust verdict of $500. The doctor failed to vindicate himself, for the same reason he would fail in the treatment of one his own children; he was too deeply interested.

A LITTLE EXPERIENCE WITH CHLORAL HYDRATE.

By H. A. Spencer, M. D.,

Of Erie, Pa.

Having two or three very obstinate chronic cases of a nervous character, which I had been treating for a long time, exhausting the whole catalogue of remedies usually prescribed in such cases, without producing the desired results, I determined to try the chloral hydrate of which I had read several articles in the journals of late. After considerable trouble, I procured half an ounce, and in a 4 oz. mixture I put one drachm, and directed it to be given at bed-time, in tablespoonful doses every twenty minutes, until the patient (a lady 45 years of age, suffering from neuralgia,) should go to sleep. The same evening, soon after retiring, I was requested to go and see my patient, who they thought was dying. Upon my arrival at the house I found the lady in a half sleepy, peculiar condition, muttering constantly and trying to articulate, but could not, so as to be understood; resembling a case where chloroform had been administered, and the patient not fully under the influence. By inquiry I found that one-half of the mixture had already been given. I immediately gave her the remaining half at one dose, and in four minutes had the pleasure of seeing my patient drop into a sound sleep. From what I had read about the effects of the medicine, I concluded my unfortunate case had now found a panacea for all her sufferings, and informed the friends present that I presumed she would have a fine night's rest, and wake up refreshed in the morning; but fearing something might happen, I left some powders of morphia in case she did not continue to rest. I then left, feeling that I had finally found the "pearl of great price," and hit upon the right remedy. But alas? "how frail are all things here below." In the morning I returned, and to my surprise found that the lady, after sleeping one-half hour, awoke and could get no more rest or sleep until they gave her a dose of morphia. Not satisfied to give it up so, the next evening I prepared another drachm, and

directed one-half to be given, and the other half in one-half hour, unless she was sleeping. They gave it as directed, but it had no effect in the way of producing rest or sleep, and they had to resort to the morphia again. I could not induce the lady to try the medicine any further. So much for case No. 1.

The second case was a strong muscular man of 40 years, who had by imprudence become very dyspeptic and irritable; suffering by times severe pain in the region of the stomach, and could not sleep at night. I prepared a two-drachm mixture, directing him to take one-fourth every twenty minutes until he went to sleep. He took the whole of the preparation as directed, but got no sleep to speak of, and said it had very little effect, only to make him nauseated and light-headed the next day. He would not try another dose, but insisted upon my giving him something that would make him sleep. The night following I gave him valerianate of ammonia, and in the morning he informed me that he had a good night's rest.

The next case that I gave the chloral hydrate, was an Irishman who was suffering from severe colic. I gave it to him every ten minutes until he took two drachms. He then begged me to give him something that would relieve him. I then gave him a powder of camphor and opium, and in a short time he got relieved. He told me afterwards, that he believed the first medicine I gave him was sweetened water. From the above it will be seen that so far as my little experience has been with chloral hydrate, the results are very unsatisfactory, and from what little I have seen of its action upon the system, if I had a case of any importance, in which an anodyne or a narcotic was required, I would not dare risk chloral hydrate, believing that we have remedies far superior, that have stood the test of years. I am anxious to know more from other medical men who are making more extensive trials of this agent.

——At the University of Vienna, the professors have resolved that all ladies holding foreign diplomas in medicine shall be admitted to attend lectures and visit the hospitals. Two ladies, one a Swiss and the other English, have already availed themselves of the opportunity. As yet no lady has presented herself as a candidate for the degree of Doctor of Medicine at the University of Vienna.

——Dr. J. H. WRIGHT, a practitioner of thirty years' standing in Lafayette, died at his residence near that city on May 1st.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY—TUESDAY, MAY 3, 1870.

The 21st annual meeting of the American Medical Association convened in Lincoln Hall, in the city of Washington, on Tuesday, May 3d.

The Convention was called to order at 11 A. M., by the President, Prof. GEORGE MENDENHALL, M. D., of Ohio; Dr. WILLIAM B. ATKINSON, of Philadelphia, Permanent Secretary.

Profs. F. G. Smith, of Pennsylvania, L. A. Sayre, of New York, Warren Stone, of Louisiana, and Dr. J. S. Moore, U. S. A., Vice-Presidents, took seats on the stage beside the President. The ex-Presidents of the Society were also requested to take seats on the stage.

The Rev. Dr. Boynton then opened the Convention with a fervent prayer.

The President then announced that the report of the Committee of Arrangements would be read.

Dr. Antisell, chairman of that committee, then made an address of welcome, expressing himself as gratified in seeing so full a representation from the Southern States, which had for so long a time been so sparsely represented. He hoped, from the varied interests connected with this Convention, much good would be accomplished.

Reports of standing and special committees were made and adopted or referred to the proper Sections.

The committee then presented the following programme:

PROGRAMME FOR EVENINGS OF MAY 3, 4, AND 5.

Tuesday—Reception by the President of the United States at 8 P. M.

Wednesday—Reception by the Surgeon-General; at the Army Medical Museum, from 7 to 10 P. M.; surgical lecture in the lower hall at 8 P. M.; microscopical lecture in the lower hall at 8:45 P. M.

Thursday—Exhibition of the illumination of the Capitol dome at 8 P. M.; reception by the Mayor of Washington, Hon. S. J. Bowen, at 9 P. M.

The Secretary then read the roll of membership.

The Committee on Credentials submitted a majority report, which excluded delegates from the National Medical Society of the District of Columbia, American Academy of Medicine of the District of Columbia, Howard University Medical College, Alumni Association of the medical department of Georgetown College; also, the three city hospitals on ethical grounds.

Dr. Robert Reyburn, chairman of the Committee on Credentials, submitted a minority report. He began by remarking that the committee had dis-

graced itself and lowered itself to the level of a political caucus.

Dr. Davis, of Chicago, called the gentleman to order.

On motion the report was accepted and referred to the Committee on Ethics, with instructions to report at their earliest convenience.

Dr. Tucker, of California, then moved that so much of the majority report as affected the minority report be referred to the Committee on Ethics.

Dr. Stewart, of the District of Columbia, presented a protest to the majority report of the Committee on Credentials; which was also referred to the Committee on Ethics.

Dr. Busey, of the District of Columbia, presented a protest signed by many physicians against the admission of Dr. C. C. Cox, now residing in the District, as a representative from Maryland; which was referred to the Committee on Ethics.

Dr. Davis, of Illinois, said if they at this stage of the session gave members the right of discussion on non-important points, that there would be no time for business. He hoped, therefore, that no discussion would be allowed until the regular committees had reported.

Dr. Martin, of Massachusetts, said that as a majority of the delegates of Massachusetts had been excluded for some unexplained cause, he therefore moved that the subject be referred to the Committee on Ethics. It was so referred.

Dr. Davis moved that all questions pertaining to the right of institutions, hospitals, colleges, and private persons as to their admission into the convention be all referred to the Committee on Ethics. The motion prevailed.

Mr. Davis then moved that the meeting proceed with the regular order of business. Carried.

A number of members were then accepted by invitation.

The reading of letters and telegrams from absent members was next in order.

Dr. Lewis A. Sayre, chairman of the Committee on Ethics, and one of the vice presidents of the association, said a pamphlet had been published and circulated by one Dr. Ruppaner, and asked that the subject be referred to a special committee.

Dr. Davis moved that the Chair appoint a new Committee on Ethics for the ensuing year, to which this subject be referred. Carried.

The following gentlemen were appointed: Alfred Stillé, New York; N. S. Davis, Illinois; J. N. Keller, Kentucky; H. F. Askew, Delaware; J. J. Woodward, U. S. Army.

The convention then took a recess of five minutes.

After the reassembling of the convention, the President read his annual address, of which we can present but an outline. A large portion of the address was devoted to a brief review of the formation, early history and influence of the Association. Dr. Mendenhall says, "That it has had a beneficial influence, on the profession in this country, in crystallizing around it the scattered elements of usefulness it is presumed few will deny. Yet it has been the habit in some quarters to speak disparagingly of our efforts to advance the profession because more has not been accomplished. A spirit of fault finding has usurped the place of well-directed efforts to remedy our deficiencies. Attempts have occasionally been made by these detractors to make a cheap reputation for critical acumen and knowledge without the investment of either labor or learning, and the question has been defiantly asked, 'What has the American Medical Association done to entitle it to the respect of the profession?' This is, indeed, a proper question, when asked in a spirit of candor, and from a desire to ascertain in what respect we have failed in performing our duty, so that a becoming zeal in the profession may be stimulated to fulfill the objects and aims set forth in the preamble and resolution passed at the Medical Convention held in Philadelphia, in May, 1847. The whole profession in the United States is, by that resolution invited to co-operate in promoting the laudable ends proposed. With an invitation so comprehensible all may participate in the work, and urge forward such needed reforms as the interest of the profession requires. Objectors and critics, therefore, are entitled to respectful consideration only after they have accepted this invitation, and exhausted their efforts unavailingly in endeavoring to make this Association what was proposed. They are not of the class of men who have made earnest efforts in this direction. To estimate properly the extent of beneficial influence attained, it will be necessary to consider the condition of the profession previous to the organization of this body.

"It had no organized common bond of brotherhood; medical societies were comparatively rare in the United States, and their influence was not felt in the profession beyond their immediate members. There was no code of medical ethics generally acknowledged. Each society was a law only unto its own members. There was little stimulus to medical improvement and emulation; but few books were in demand, and those were mostly of foreign authorship. American medical literature held a very inferior position. The defects in medical education were much greater than at present, and with little, if any discussion, tending to its improvement. In a large portion of our country a medical education was considered complete upon complying with an uncertain amount of office reading and attending a single course of lectures for four months, with six instructors at the most, and often a less number constituting the entire faculty. The usefulness, honor, and interests of the medical profession re-

ceived little support from organized effort or concert of action, while the facilities for fostering friendly intercourse were almost entirely neglected.

"At the present time, on the contrary, we have in this association an organized bond of union between its members extending into every State from Maine to Texas, from the Atlantic to the Pacific, who come up to our yearly meetings with hearty greetings of fraternal interest for each other.

"They become touched with a coal of living fire from the altar of medicine, and inspired with high and holy resolves to cultivate their profession with greater assiduity. Their early vows of fidelity to the profession are renewed, so that on their return to the brethren at home they form new foci from which radiate new influences of professional zeal and fraternal regard, inevitably producing a corresponding increased strength of the bonds of brotherhood which ought to exist among us. Old societies are excited to works of greater efficiency, and new ones are originated; so that from being comparatively rare and sluggish, they have multiplied and become active organizations, whose power and usefulness are felt and recognized.

"We now have a code of medical ethics, which is a written law, clearly defined, of acknowledged force and effect that prevails from one end of the Union to the other. The result is a great improvement in professional morals. It erects an impassable barrier between the clean and unclean; between the physician and the charlatan. The honor, usefulness, and interests of the profession have thus been promoted, and a greater interest and a higher regard have grown up, and we hail each as brethren, having a common object, with similar responsibilities, attachments, and destiny. The establishment of the code is in itself worth all the cost, time, and labor given to the interests of the Association. In this connection I think all medical schools in the land represented in this body ought to be requested, yea, required, to teach its precepts to their students, so that while they are imbibing medical knowledge they shall also have the standard morals of the profession they propose to enter, instilled into them. It is reasonable that we should require each graduate before receiving his diploma to sign a pledge or agreement to support the code as a condition of graduation; and that the colleges should reserve the power to revoke the degree in case the pledge be violated. A full assent to its provisions should be adopted as our Hippocratic oath, and a copy of the code given to the new graduate as a parting expression of interest from the faculty. The effect would be beneficial, and might save some of our young men from wandering outside the true fold of rectitude, and the colleges from the disgrace of recreant graduates. The stimulus to improvement and emulation has been much intensified; medical literature is in greater demand, and the production has kept pace with the requirements.

"While the demand for and the production of foreign books have not diminished, an impetus has been given to American medical publications that promises a speedy return of all obligations to our transatlantic brethren. American authors have greatly multiplied and taken position not inferior to any in the world. In this connection it is a proper matter of inquiry as to how far the profession directly and indirectly is indebted to this Association for valuable additions to our original literature. It is quite evident that a review of this subject will astonish even those who have regularly attended our meetings. We have a large number of monographs, prize essays, and reports in our transactions which should bear republication in separate volumes, and be read with profit by the profession. Several of these contain results of original investigations upon subjects respecting which we may search for elsewhere in vain. I suggest that it would be judicious to endeavor to make arrangements with some enterprising publishing house for selection and republication, which might be profitable alike to the Association, publishers, and medical readers. It would diffuse a large amount of medical knowledge that is now overlooked, and lies buried among the archives of our Transactions.

"The prize essays, at least are worthy of being placed before the profession in separate volumes; while a selection of other monographs might be made of equal value.

"An enumeration of the contents of the first ten volumes was made by one of the most distinguished of my predecessors, Dr. Paul F. Eve; and I now propose to continue the same subject in reference to the succeeding and last ten volumes, by which it will be seen that our members have not been idle.

"Prizes have been awarded for the following essays:

"The Clinical study of the Heart Sounds in Health and Disease.

"Vision, and some of its Anomalies, as Revealed by the Ophthalmoscope.

"An Inquiry into the Physiological and Medicinal Properties of Veratrum Viride, together with some Physiological and Chemical Observations upon the Alkaloid Veratria.

"The Pathology of Jaundice.

"The Surgical Treatment of Morbid Growths in the Larynx.

"Prizes have been awarded for eleven essays, making 552 pages.

"Reports on Medical Literature consist of 210 pages; on Medical Education, 146 pages; on Medical Topography and Epidemic Diseases of fifteen States, 824 pages.

"In the Department of Practice of Medicine, 410

pages; on Surgery, 519 pages; on Obstetrics and Diseases of Women, 238 pages; on Physiology and Pathology, 138 pages; on Ophthalmology, 132 pages; on Medical Jurisprudence; 80 pages, on miscellaneous subjects, 1,159 pages; the aggregate of which is 4,460 pages."

The Doctor goes on to give a general summary of the contents of the last ten volumes of the Transactions of the Association, and says:

"Although this summary is not a complete index, it will serve the purpose of showing what the Association has accomplished in the way of contributions to American medical literature. What association has done more? Where will we find one that has achieved as much?

"If to unite the brethren; if to establish a sound code of medical ethics; if to elevate the standard of the profession; if to stimulate the cultivation of our literature, and if to place this Association at a point where its moral power is felt to be the highest in the land in its influence on all medical organizations be of importance, then it has accomplished a success. We claim all these results, and even more for the American Medical Association. But let us not rest satisfied with what has been performed; much remains yet to be done."

The President urges the importance of appointing strong committees, so as to insure reports, and such too, as shall be of value.

The subject of medical education is touched upon, and the difficulties that in this country surround it are mentioned. He says: "Rhetorical exaggerations of the low condition of the profession and of the culpability of medical colleges are easy to be made; but what we greatly need is to have substantial aid and encouragement to those willing to risk advance movements for the promotion of improved medical instruction and in the requirements for graduation. Severe denunciations will not attain the desired object; let an unmistakable indication in the profession be shown that medical students shall be sent to those colleges which are willing and endeavoring to furnish improved plans of medical education. It is clear to my mind that the mass of the profession is involved in the responsibility of our defective system equally with, if not to a grreater extent than, the teachers. Both must put their shoulders to the wheel for the purpose of extricating the educational car from the mire. The difficulties are immense, and the labor must be divided. It is evidently the place of the private teacher at the inception of a student's career to guard the portals, and admit only those who are properly qualified to enter upon the study of medicine before they have occupied time and made pecuniary investments for this purpose. Here is where censorship should begin, and when it is comparatively easy to turn aside the applicant for professional honors. The general condition and standard of knowledge in the community will determine in some degree the character of those seeking to enter the profession, while the state of intelligence of the profession itself will determine the quality of those who commence the study. Here, then, we find the circumstances which control the kind of material sent to medical colleges. The faculties ought by right to be exempt in a great degree from the responsibility of judging who shall enter upon a course of college instruction.

"The construction of our government and of society is in part responsible for our difficulties. The general and State governments exercise no supervision over those who practice the profession; and the people exercise very little intelligent discrimination as to the character of those they employ. While this is the case many who are called to administer to the neeessities of the sick will be selected from those of inferior capacity and education. Herein lies, to a great extent, the deficiency of adequate stimulus by which young men are induced to spend a proper amount of time and industry in obtaining the necessary preliminary and medical education. In some measure this is attributable to the newness of our country, and the condition of the pecuniary resources of the people. As the country advances in maturity and in ability to compensate adequately the cultivated physician, a better class will be forthcoming, because demanded. As circumstances are, however, at present, when the student presents himself for matriculation at a medical college his condition as to preliminary education should be inquired into, and the faithfulness and success of his private instructor ascertained. Should the proposed matriculant be deficient in preparatory training, or of feeble intellect, his career in the direction of the profession should be checked. Once admitted into a medical college, the faculty should be held responsible for his advancement. His progress should be ascertained by frequent examinations, and, if indolent or incapable, he should not be permitted to proceed beyond the elementary studies. The extent of the responsibilities imposed upon the faculties, and the manner of education, are proper subjects for inquiry and determination by this body. In arriving at proper conclusions reference must be had as to how far an increase in the requirements is practicable. If we undertake too much, or transcend what the condition of our country will sustain, it will be a failure. But let us do something—make and enforce some notable advance as an earnest that we can and will inaugurate a system of improvement that will redound to greater professional advancement and honor. That a very considerable progress, both in regard to preliminary education and the completeness of the medical course of instruction, can be made will hardly admit of a doubt. In reference to the requirements of the

examination for the doctorate, difficulties in regard to the standard to be adopted will be presented; and it may be a matter of doubt whether the full measure of reform, or anything of great value, will be accomplished in this direction until the privilege of teaching and of conferring degrees be separated and placed in different boards, or at least that a mixed commission shall determine who is worthy of the degree of M. D. Whatever is done, let it be with proper deliberation and wisdom, so that the advance may be maintained firmly, and no retrograde movement ever become a necessity. The moral power of the Association must then be brought to bear on this question, and the colleges that do not adopt a plan recommended by it should be debarred from representation, and their graduates be not eligible to membership. Nothing short of such regulations will meet the requirements of the case.

"It is not for me to suggest what plan ought to be adopted by the association, or what reforms in medical teaching may be enforced. The subject has again been referred to the colleges, and it is to be hoped that a wise and judicious system will be adopted with unanimity, and recommended to this meeting, which will secure the end in view. It would seem as if the time had arrived when a conclusion as to what is necessary and practical with recommendation for progressive improvement should be determined upon. The extent of the preliminary education, character of the material admitted to collegiate instruction, and a system which will furnish a sound medical education to the rising professional generation must be determined by the profession, and not by legislation. The responsibility of settling these questions belongs to this Association.

"In the exercise of what I conceive to be a proper spirit for several years past, it has been customary for this body to appoint delegates to various foreign medical societies. In the majority of instances there has been no reciprocation by them in the appointment of delegates to this Association. I would therefore suggest that we appoint no delegates hereafter to societies that have failed to respond to the courtesy that has been extended by us to them.

On the subject of patents Dr. MENDENHALL uses this unequivocal language: "The true and only safe ground is, that every man enlisted in scientific medicine should feel himself bound to contribute to the general stock of knowledge as much as may lie in his power. All should impart freely and receive freely in the spirit of true science, knowing no narrow or contracted boundaries, whether a physiologist, pathologist, therapeutist, or surgeon. Let there be no retrograde movement in this direction. A false step once taken will involve us in a labarynth of inconsistencies, and bring dishonor to our beloved profession. If we admit the principle of patent rights pertaining to medical matters to be consistent with sound medical morals, let us never again claim to be actuated by a catholic spirit of liberality in the medical profession. All lines of demarcation between the charlatan and the true physician would soon be obliterated."

We are glad that Dr. Mendenhall has devoted a few words of his address to the abuse of stimulants and opium. He says:

"As conservators of public health and guardians of the mental and physical hygiene of the people, it may well be a subject for our deep and earnest attention—whether we can do more than we have done and are doing to prevent the gigantic evils attendant upon the use of alcoholic stimulants and of opium; whether we can in our therapeutic administrations of stimulants and preparations of opium, particularly in chronic diseases, find substitutes or make combinations that may diminish the liability to form tastes or habits incompatible with the highest welfare of our patients. The growing popularity in the use of narcotics by hypodermic medication in chronic and slight cases may well be brought under the same inquiry. Far be it from me to impugn the motives or to criticize the judgment of my professional brethren. I cannot, however, but feel that it is quite possible for us to jeopardize the best ultimate interests of the sick by the frequent prescription of stimulants, which is peculiarly one of the notable features in practice at the present time. If we are doing this when avoidable, we are taking a fearful responsibility with those placed under our care; the evils of which may be developed and last long after we are mingled with the dust of the earth. I suggest that we consider this subject carefully, and then act in the light of experience and of conscience. It may be a serious question, also, whether we have yet filled the measure of our duty in giving our influence toward rectifying and ameliorating the results of the habitual use of alcoholic poisons. The institution of Inebriate Asylums should be more prominently urged upon the profession and the people, directly and through recommendations of State medical societies, from which the more direct influences upon legislative bodies ought to proceed. I would ask where is there a wider field for sanitary reform than is here presented, and where our efforts are so imperiously demanded? A pestilence, destructive of both body and soul, where the destroyer is slaying its thousands and tens of thousands annually of the best in the land, surely requires our most earnest efforts to abate it."

He closes his address with an eloquent tribute to the memory of those who have died during the past year. He says:

"Within the last few months death has rendered vacant many places of distinguished members of our profession. It is seldom that in one short year

we have to record the death of so many of the fathers of American medicine—men who commenced in early manhood, have grown old in the service, and who have left their impress upon it for all time: Robley Dunglison, Charles D. Meigs, Alden March, Benjamin W. Dudley, and Samuel Jackson, formerly of Northumberland, two of them having been honored presidents of this association, have passed from time to eternity, leaving us glorious examples of the highest type of professional renown, distinguished alike for their illustrious attainments and unblemished character as Christian gentlemen.

This experience must remind *us* that we too, who form the connecting link between the founders of this Association and the younger members of the profession, are rapidly hastening on to the common lot of man. The lengthening shadows of the afternoon of life are fast gathering around us, as reminding us of the noiseless yet unfaltering step of time. In view of this, we should look kindly on those who are closely pressing us in the onward race of life. Let us, then, give encouragement and support to the younger members of the profession, and hold up the hands and hearts of the middle-aged, who must soon take our places in the efforts to sustain and promote the honor, dignity, and usefulness of the profession. We can thus yield our places to the rising professional generation gracefully, not grudgingly, knowing that it is, in the course of nature, wisely ordered by the Author of our existence."

It was moved that the thanks of the Association were due to the president for his able address, and that a copy be requested for publication. Carried.

The next business was the report of special committees and presentation of papers.

The committees for the year 1869 made their reports, some of which were continued and others discharged.

Dr. T. ANTISELL, District of Columbia, then read a report on veterinary colleges; which was referred to the Committee on Publication.

The Association at 2 P. M. took a short recess for the purpose of choosing a Committee on nominations.

After reassembling, the chair announced the following gentlemen as Committee on Nominations: Alfred Stillé, Pa.; G. C. B. Nottingham, Mass.; H. F. Askew, Del.; H. Carpenter, Oregon; S. C. Busey, D. C.; J. A. Murphy, Ohio; C. M. Carleton, Conn.; E. W. Jenks, Mich.; J. Rea, Ind.; R. Z. Michel, Ala.; E. P. Lankford, Mo.; A. N. Talley, S. C.; J. E. Manlove, Tenn.; J. L. Atlee, Penn.; S. M. Bemiss, La.; J. N. Keller, Ky.; J. J. Cockrell, Md.; C. A. Lee, N. Y.; G. S. Palmer, Maine; F. J. Haywood, Jr., N. C.; G. C. McGregor, Texas; H. Nance, Ill; R. W. Haxall, Va.; O. Bullock, R. I.; —— Barber, Iowa; A. B. Stuart, Minn.; M. Greeg, U. S. A.; J. J. Steinriede, Miss.; H. W. Brock, W. Va.; S. Lilly, N. J.

Dr. C. C. Cox, of Maryland, moved that the name of Dr. Busey, of the District of Columbia, be stricken from the list of delegates until such time as the Committee on Ethics should report relative to the District of Columbia.

Dr. Busey said that Dr. Cox was not a delegate from Maryland.

A vote being taken on the motion of Dr. Cox, it was lost.

The Secretary then announced that the Nominating Committee would meet in the prayer-room at 4 P. M.

A motion to adjourn was then put, and, a division being called for and count taken, the Convention adjourned to 9 o'clock Wednesday morning.

SECOND DAY—WEDNESDAY, MAY 4TH.

The Association was called to order at 9:30 by Professor George Mendenhall, president; Dr. William B. Atkinson, secretary.

On motion, the reading of the minutes was dispensed with.

Dr. Gross, of Philadelphia, said that it was his opinion that they should have a social reunion annually, to be held on the 3d day after the convening of the Association. He, therefore, moved that the social reunion be held at the Arlington House on Thursday evening, at 8:30 P. M. Carried.

A committee of five was appointed to make arrangements for the social.

Dr. T. Antisell, of the District of Columbia, then read a list of members by invitation.

Dr. Alfred Stillé, of the Committee on Medical Ethics, then read a partial report relative to the Massachusetts Medical Society, by which their delegates were admitted to seats in the Association, and recommending them to eject from their society all who were not what is considered by the Association as regular practitioners.

Dr. Bemiss, on the part of the Nominating Committee, made a report of the number of States represented.

On motion, the paper read by Dr. Antisell, on Tuesday, was reconsidered.

It was moved that the subject be referred to a committee of three; it was so ordered.

The secretary read a paper charging Dr. C. C. Cox with a violation of the code of ethics; which was referred to the Committee on Ethics.

Dr. Cox endeavored to explain, but was forced to desist on account of the noise.

On motion, five minutes were given to Dr. Cox to make an explanation. He said that he had bought a license from the Medical Association of Washington city, but he had never received the said license, and that was the reason he was not a member of the Medical Society. And further, that he

had never importuned any Senator on any subject whatever as had been charged upon him.

Dr. Palmer asked leave to make an explanation, but the Association would not hear him.

Dr. Davis, of Illinois, hoped that no discussion would be allowed.

Dr. W. H. Mussey, of Ohio, then offered a resolution that the Committee on Ethics be instructed to meet and report immediately on the subject of the admission of members now before them. Not approved.

Dr. Loomis moved that all the delegations of this city be admitted to the Convention until the question of credentials is settled.

It was decided that Dr. Loomis and others of this District had no right to vote or speak while the question was pending.

A division was called for, and the resolution of Dr. Loomis was lost by a vote of 107 yeas to 142 nays.

Dr. Cox, of Maryland, moved that no delegates from the District be admitted until the Committee on Ethics report. Carried.

Dr. Yandell, of Kentucky, moved that the Medical Society of the District of Columbia be blotted utterly out from the map of the Medical Association.

Dr. White, of New York, protested against any such motion, and moved that the motion be laid upon the table. Carried.

Dr. F. G. Smith, of Pennsylvania, chairman of the Committee on Printing, made a report giving a detailed account of the work of the committee for the past year. The work, he thought, had been very satisfactory, and the committee deserved the thanks of the Association. The report was received.

An amendment was made to the report, that all the matter hereafter ordered to be printed be stereotyped.

Dr. Gross, of Pennsylvania, made an amendment to the amendment that the Transactions of the Association be published in a medical journal to be issued monthly.

Dr. White, of New York, called for a division.

Dr. Stewart moved a reconsideration. Carried.

After some further debate the original report was received, and the amendment of Dr. Gross referred to a special committee of five. The whole was then referred to the special committee aboved named.

The Secretary then submitted the annual report of the Treasurer, which was referred to the Committee on Publication.

A communication was then read from the British Medical Association to Dr. Gross, complimenting the American Association upon their success. Referred to the Committee on Publication.

Dr. T. Antisell here arose to a question of privilege. He then read an extract from the *Chronicle* of Wednesday. He denounced the statements referred to as unfounded in fact, and objected to the circulation of any paper whatsoever, and particularly any of a political import, in the hall.

Mr. Davis, of Illinois, moved that hereafter *all* papers, circulars, pamphlets, etc., be excluded from the hall. Carried.

The regular business was then taken up.

Dr. R. Reyburn, of the District of Columbia, from the Committee on Library, then read the annual report of the librarian. Received and referred to the Committee on Publication, and the bills ordered to be paid.

Dr. Sayre, chairman of the committee on Ethics for 1869, moved that all papers in the hands of the old committee be referred to the new committee, and the old committee be discharged.

Dr. T. Antisell, of the Committee of Arrangements, then made a report of the members who had arrived since the opening of the convention.

The Committee on Medical Literature (Dr. J, J. Woodward, United States army, chairman) submitted a report, which was referred to the Committee on Publication.

Dr. Burge, of New York, moved that the motion of Dr. Gross, in reference to a supper to be given at the Arlington, be reconsidered. Carried and tabled.

Dr. C. C. Cox, chairman, submitted a report from the Committee on Medical Necrology. Referred to the Committee on Publication.

Dr. Moore, of Missouri, United States army, presented the following resolution:

Resolved, That no medical man shall deliver an efficient course of lectures under a price to be decided by this Association.

Dr. Moore said that the irregular practices of the Western colleges imperatively demanded some such action to save the profession from disgrace, and if they adopted the resolution they would elevate the profession to its proper standard.

Dr. Davis, of Chicago, opposed the resolution. He thought it was impracticable for the Association to fix a standard of charges for the medical colleges of the country. He did not wish the Association to vote against the resolution; but he wanted appended to it a law stating what should be considered the standard of our work to be done for the money paid.

Dr. Moore, of Missouri, said his object was to fix a minimum price. Those colleges which had the grade might charge as much as they pleased. The Dr. claimed that this course would promote competition, and would so elevate the standard of colleges and make more uniform what is termed an efficient course of lectures.

Professor McNaughton, of New York, spoke against the resolution.

Dr. Selden moved that $100 be the sum named to fill the blank left in the resolution offered by Dr. Moore.

The motion was then put in the form of a resolution which excluded any or all delegates from colleges who received a less fee than $100.

An amendment was made to include the Alumni of such institutions.

Dr. Yandell, of Kentucky, spoke to the resolution at length, opposing any fixed price as detrimental to the progress of the profession. He contended that circumstances altered cases, and prices also. Dr. Yandell then touched upon the standard of education. He was in favor of English, but opposed to Latin and Greek requirements.

The remarks of Dr. Yandell were listened to with the greatest attention.

It was then moved that the resolution be laid on the table; which, after some further discussion, was so ordered.

Dr. Sullivan, of Massachusetts, moved that the action of this Association should be made final for five years from this date.

Dr. Johnson, of Missouri, revived the question of stated fees, and spoke at some length in favor of the said fees being regulated by the American Medical Association.

After some further discussion, the motion of Dr. Sullivan was laid on the table.

Dr. Collins, of Massachusetts, presented the following resolution: That the charge for medical examination for life insurances should be not less than $5. Adopted.

Dr. Sullivan, of Massachusetts, presented a resolution to the effect that the American Medical Association have power to control medical education throughout the United States. Passed.

Dr. D. A. O'Donnelly, of Maryland, offered a resolution that a committee of three be appointed to report on the evil of abortion, and to consider some means whereby to expel from the Association all such as practiced abortion. And further, denouncing in the most unqualified manner, all who indulge in this abominable practice. Passed.

The Committee on Nominations then reported the following named officers for the ensuing year.

President—ALFRED STILLÉ, Pennsylvania.

Vice Presidents—J. S. Weatherby, Alabama; Henry Gibbons, California; J. T. Hurd, Texas; Samuel Willey, Minnesota.

Assistant Secretary—Dr. J. C. Tucker of California.

Treasurer—Dr. Casper Wister of Pennsylvania.

Librarian—Dr. F. A. Ashford, District of Columbia.

Committee of Arrangements—Chairman, Dr. A. N. Sawyer; J. C. Tucker, Shurtleff, Holman, Murray, U. S. Army; Simmons, Cala.; Carpenter, Oregon; Morrison, Nevada.

Committee on Publication—Drs. F. G. Smith, Pennsylvania; W. B. Atkinson, Pennsylvania; J. C. Tucker, Cal.; F. A. Ashford, District of Columbia; Casper Wister, Pennsylvania; H. F. Askew, Delaware; William Maybury, Pennsylvania.

Committee on Prize Essays—T. M. Logan, California, chairman; H. Gibbons, H. H. Toland, Beverly Cole, Cooper Lane, Cal.

Place of meeting, San Francisco, California.

Time of Meeting, first Tuesday in May, 1871, at 11 A. M.

The report was received and adopted, and a resolution passed that the next place of meeting be at San Francisco, on the first Tuesday in May, 1871.

(CONCLUSION NEXT WEEK.)

CONVENTION OF MEDICAL TEACHERS.

The delegates from the various medical colleges of the United States assembled in convention Friday, April 29th, in the hall corner of Tenth and E streets, Washington, D. C.

The object of the convention is to consider the improvements that may be suggested for the system of medical education.

Profs. Bemiss, Stillé, and Moore were appointed a committee on credentials.

The examination of credentials occupied some time, and it was found that the representation was as follows: New Orleans School of Medicine, Samuel Logan; Howard University, D. C., Robert Reyburn and Silas Loomis; University of South Carolina, A. A. Talley, John T. Darby; Detroit Medical College, E. W. Jenks; Missouri Medical College, J. S. Moore; Chicago Medical College, N. S. Davis; Medical Department Georgetown College, J. H. Thompson; Willamette University, Oregon, Horace Carpenter; University of Louisiana, S. M. Bemiss; Jefferson Medical College, Philadelphia, S. D. Gross; University of Pennsylvania, F. G. Smith, Alfred Stillé; St. Louis Medical College, J. B. Johnson; Washington University of Baltimore, Charles W. Chancellor; University of Louisville, David W. Yandell.

Profs. Cox, Smith, Yandell, Logan, and Davis were then appointed a committee to nominate officers.

The committee after a short absence, reported the following named gentlemen, who were unanimously chosen to fill the offices for which they were designated by the committee:

President, S. D. Gross, of Philadelphia; Vice President, D. W. Yandell, of Kentucky; Secretary, N. S. Davis, of Chicago, Illinois.

The minutes of the last convention held at New Orleans were read, and the report of the committee of that convention made the basis for the action of this.

The convention then adjourned till 10 A. M., April 30th.

Additional credentials were presented, as follows:

Kansas City Medical College, John M. Forrest, A. P. Larkford; Missouri Medical College, A. Hammer; University of Nashville, W. K. Bowling and W. F. Briggs.

Professor N. S. Davis offered several rules for governing the proceedings, which were adopted.

Dr. Davis offered a resolution that the several propositions adopted by the Convention at Cincinnati, in 1867, be taken up separately in the order in which they stand in the printed report. Adopted.

The first proposition taken up is as follows:

First. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate or by direct examination by a committee of the faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and sufficient knowledge of Latin and Greek to understand the technical terms of the profession, and that the certificate presented (of the result of the examination thus required) be regularly filed as a part of the records of each medical college.

Professor Logan offered an amendatory resolution that recommendations to the different faculties of the medical colleges are not binding until ratified by the several institutions.

After some discussion the resolution was lost.

Professor Moore, of St. Louis, moved to strike out all after the words "common education," and said that in institutions not represented here the recommendations would be impossible, and he thought the tendency in the Western institutions would be to close them up. We exclude men from our colleges simply because they are not classical scholars. This was wrong, as in many instances our best physicians are without classical educations.

Considerable discussion ensued, in which Professors Yandell, of Kentucky; Hammer, Davis, Moore, Cox, Loomis and Stillé, and Reyburn, took part.

Professor Hammer moved an amendment to the amendment offered by Dr. Moore, to the effect that the words relating to the Latin and Greek languages be stricken out, and all else retained.

Professor Yandell offered resolutions as a substitute, which, after a protracted debate, were rejected. The amendment to the amendment was withdrawn, and the question recurred on the original resolution, which was debated at length, when a vote was taken and adopted, reconsidering the vote by which Professor Stillé's substitute was lost.

A motion was made to adopt the substitute, when debate again occurred.

Professor Davis advocated the adoption of the substitute, saying that he promised, if the schools of Boston, New York, and Philadelphia, would adopt the recommendations, and put them into operation, that the whole West would follow suit at once. (Great Applause.)

The substitute of Professor Stillé was then adopted as a substitute for all the propositions before the convention. It is to the effect, "that the propositions adopted in 1867 by the Convention of delegates from medical colleges, embodying a system of collegiate medical education are in the highest degree commendable, and if they could be generally carried into effect would tend to elevate the medical profession. That the requirements for the degree of Doctor of Medicine must be practically determined by each medical college for itself, by the average attainments of its students, and by other considerations of which it alone can judge, and that, consequently, while abstaining from all attemps at dictation, this convention reiterates in the strongest manner its desire that the several medical colleges will, in the changes from time to time made by them in the curriculum of study, endeavor to conform them to the general plan which was recommended by the convention of 1867, and adopted in the same year by the American Medical Association."

The National Convention of Medical Colleges passed the preamble and resolutions offered by Professor Logan, setting forth that as this convention has failed to secure the assent of the majority of the regular medical colleges of the United States to the system of improvement in medical education, recommended at its last session, and as it is the opinion of this convention that the best means by which a judicious system of gradual improvement in medical education can be inaugurated by the medical colleges of this country will be found in the associated action of such colleges as will unite for that purpose.

Resolved, First. That a committee of nine be appointed, whose duty it shall be to communicate with the faculties of all the medical colleges in the United States, with the view to ascertain how many and which may be willing to become members of an association of medical colleges, having for its prime object the improvement of medical education.

Second. That the Chairman of said Committee be instructed, as soon as he shall have received affirmative replies from the regular colleges, to inform each faculty so consenting of the fact, and to request that each faculty elect one or more delegates to the convention on the Friday before the day appointed for the meeting of the American Medical Association in 1871, and at the place of meeting chosen by that body, said delegates to be fully authorized to pledge their respective faculties to whatever definite plans of improvement in medical education may be adopted by the body in convention.

Third. It is hereby recommended that said delegates organize themselves, in behalf of their respective institutions, into a permanent association of medical colleges for the above mentioned object, and with the view of co-operating with the American Medical Association and the profession at large to accomplish so desirable an end.

Fourth. That Professor N. S. Davis, the Chairman of the Committee appointed by this body at its

last session to communicate with the Medical Colleges on the same subject, be made Chairman of this Committee, and that the Committee be authorized to fill any vacancies which may occur in its ranks.

The Chair appointed the following as the Committee: Professor N. S. Davis, of Illinois; Samuel Logan, of New Orleans; A. Hammer, of St. Louis; T. Parvin, of Louisville; S. D. Gross, of Philadelphia; G. C. Blackman, of Cincinnati; G. G. Shattuck, of Boston, and A. C. Post, of New York.

The Convention adjourned *sine die*.

TRANSACTIONS OF THE GEORGIA MEDICAL ASSOCIATION.

TWENTY-FIRST ANNUAL MEETING.

The Georgia Medical Association met pursuant to an adjournment in Concert Hall, city of Macon, Ga., on the 13th day of April, 1870, at 10 A. M.

The President, C. B. Nottingham, M. D., of Macon, called the Association to order and invited the ex-officers present to seats on the stand, to wit: ex-President Magruder, Campbell, and Charters. Also, ex-Vice President Thomas.

The President delivered an eloquent address reviewing the history of the Society, advocating a more thorough medical education, and illustrating from history the advantages which our profession have secured to civilization in the victory over disease and the prolongation of life. The crowded state of our columns obliges us to forego the pleasure of quoting from it at length.

ALBANY COUNTY, NEW YORK, MEDICAL SOCIETY.

DR. CRAIG, IN THE CHAIR.

(REPORTED BY T. D. CROTHERS, M. D.)

DR. LEWI presented the following case of

Septic Crasis.

Mrs. D——, married, aged twenty-four, has always had good health, was well and in good spirits on Sunday, Nov. 21. In the evening of the same day, complained of intense pain in both knees. I was called, and could find no other symptom of disease, and prescribed valerian. Called again the next morning, the pain continued, together with a sanginolent discharge from the vagina. As she had gone over her last catamenial period, and it was about her usual time for menstruation, I thought this might be a threatened miscarriage. Her lips were livid and her general appearance bad. Called Dr. Boyd, in consultation. He agreed in the diagnosis, of threatened miscarriage, and advised ergot, thinking it a case of no unusual interest. In the evening she became delirious, and her skin assumed a dark color. Tuesday morning another consultation was held; patient delirious, the pulse imperceptible, lips livid, skin warm, of a dark olive color. The discharge from uterus had ceased. Her skin became darker, and she gradually sank and died in the evening, nearly forty-eight hours from the time she first complained.

Autopsy—thirteen hours after death, by Dr. E. R. Hun. Body placed in ice, and well preserved. External appearance—skin discolored, resembling a mulatto; rigor mortis, marked. Head, body, and extremities, very much swollen, so much so, features not recognized. The whole surface crepitant upon pressure. On making the usual incisions, the connective tissue was found to be filled with air; under each breast was a cavity separating the pectoral muscles from the ribs, filled with offensive gas. The pleural cavities contained a small amount of bloody serum, and old pleuritic adhesions. The lungs conjested but no trace of other disease. The heart large and flaccid; valves normal; dark blood in both cavities. A large quantity of offensive gas escaped from the peritoneal cavity when it was laid open. The liver of normal size, of dark olive color, and softened. The lower part of right lobe broken down to the consistency of cream. The spleen enlarged, and its tissue soft, crepitated under pressure. The kidneys enveloped in a dark clot of blood, black, soft, and apparently structureless. The uterus enlarged, containing black grumous blood, and no trace of any fœtus. Microscopical examination of the liver revealed granular matter, oil globules, and altered hepatic cells; the tissue of the kidney presented a granular fatty condition, and a general degenerative process seemed going on.

An interesting discussion followed the reading of this paper, after which Dr. WHEELER read the following rare case of

Diaphragmatic Hernia.

A soldier, 35 years of age, wounded at the battle of Gettysburg. The ball entered between the ninth and tenth ribs, on the right side, traversing the chest, making its exit on the opposite side below the left axilla, then through the arm. The wound healed kindly, and in 7 months he returned to duty. About two months after, he was discharged because of weakness, cough and pain in his side, and general ill-health. These symptoms continued with difficult digestion, increased pain in left chest, and constant and frequent vomitings for nine months until death. A few weeks before death a critical examination of the chest, revealed the heart on the right of themesial line, with dullness and diminished respiratory murmur, as if the lung was compressed and pushed upward. No bulging of the intercostal spaces. There was persistence of painful vomiting, which resisted all efforts to palliate or lessen until the case terminated in death. The autopsy exhibited in both lungs tuberculous infiltrations, and plastic ad-

hesions—evidences of old inflammation from the passage of the ball. A transverse slit was found in the muscular part of the diaphragm, two inches in length. Through this opening the whole stomach had been projected into the left pleural cavity, and was held by a band of old lymph. The walls of the stomach were ruptured, and its contents discharged in the pleural cavity. This was caused by the violent vomitings, and was followed by death. These cases are uncertain and rare, and are difficult to determine, and still more difficult to treat. This case has two points of interest: the length of time intervening between the injury from the ball, and the commencement of symptoms that terminated in death; and the absence of dilatation of the chest, or irregular contour of external surface.

Editorial Department.

Periscope.

Chronic Ulceration of the Inferior Extremity.

In the report of the Lehigh County Medical Society, as published in the transactions of the Medical Society of Pennsylvania, June, 1868, the following case is reported.

During the year, I had a number of cases of chronic ulceration of the inferior extremity. The most severe case was a Mrs. H., aged 30 years. The ulceration was of six years duration, and the patient had been under treatment before, and since she came to this city, but to no effect. I was called to see her in May, 1867; found her in a helpless condition, quite debilitated, and obliged to be carried about the house like an infant. One ulcer involved nearly the entire ankle. The knee was also much diseased; here the veins were quite exposed. In fact, the entire left leg, from the knee to the ankle, was affected with ulceration. The patient requested me to amputate the leg that she might find some relief. The sores were undermined, the edges inverted and callous.

Notwithstanding the much disputed question of the propriety of healing ulceration of this character, I ventured upon making an effort. All that was irreclaimable was removed. My first object then was to bring the ulcer to a simple granulating condition, so as to give nature an opportunity to begin the healing process. Locally, I applied the nitric acid lotion once in forty-eight hours; during the interval I used the cold water dressing (warm disagreed). In a short time the ulcer presented a granulating surface. I then substituted unguentum hydrarg. nitrat. diluted in the proportion of eight grains of the ointment to the drachm of simple cerate. Internally, I gave quinine and iron, and a good nourishing diet. Still I found great trouble in keeping up healthy granulations; they would become sluggish. I tried a number of alteratives, as iodide of potassium and lime. Still the case progressed very slowly, until my attention was attracted to an article in the Medical and Surgical Reporter, Vol, XVI., "On Iodoform and Iron." I at once concluded to give this remedy a fair trial. I discontinued all other constitutional treatment, and gave three pills three times a day, containing one grain of iodoform, and one of iron by hydrogen. I soon had the satisfaction of seeing a rapid improvement. The pain at once left her limb, with which she had suffered continually; the granulations became more healthy and more abundant, and now I have the satisfaction of seeing my patient engaged in all her household duties. Not a vestige of the disease is to be seen. The patient is enjoying perfect health, is active and lively.

Since, I have treated two other cases, one of three, and one of four years standing, with the same good result. In the last case that came under my notice I saw the same marked effects, but could not push the remedy as far nor as fast as I should liked to have done, as the patient could not afford it. I feel convinced of the efficacy of the remedy. The only objection is the very high price, which must prevent its general use.

Spontaneous Lithotomy.

In the transactions of the New York State Medical Society, Dr. Alden March narrated the following anomalous case calculated to illustrate the powers and resources of nature.

Jacob Baker, now nearly twenty-four years of age, was born of parents of delicate constitutions, as we infer, since both died comparatively young. When four or five years of age, he met with a fall from a high stoop, which in a few years resulted in angular distortion of the spine, a little above the middle of the dorsal vertebræ.

At the age of eleven or twelve, he was rather suddenly seized with great pain in his lower extremi-

ties, which was followed by a loss of all power to walk. By slow degrees, and in process of time, he recovered a tolerably free use of his legs, so as to enable him to walk about, and to take moderate exercise.

The distortion of the spine, and the great and long continued suffering from cystic disease, seemed to arrest his growth and development, so that at twenty-four years of age, he is not taller than most boys at ten or twelve—nor are the manly appearances any more developed, nor has he any more of the characteristics of puberty in his genital organs and otherwise, than are to be observed in boys at twelve years of age.

When about nine years old, four or five years after the injury to the spine, micturition became frequent and decidedly painful. At this time he was attending school, and remembers distinctly that he had to ask often the privilege to leave the room to urinate.

Nine years ago, when about fifteen, he passed numerous small calculi, gravelly deposits, and masses of mucus highly loaded with earthy material.

Six or seven years since, after all the well marked rational symptoms of urinary deposits in the bladder had existed for a long time, the patient was sounded by a physician, who made considerable pretensions to skill in the practice of surgery, and decided that there was no stone in the bladder. At the time of this examination it is possible that only the rudiments of a calculus, a soft, pasty debris, incorporated with an abundance of mucus existed. It does not appear that the patient was sounded either before or after, for stone in the bladder, by any other physician or surgeon.

The sufferings of the lad became intensely severe, and the odor of the urine exceedingly offensive, so that life was hardly desirable.

Two or three weeks before the calculus was extracted, while straining at stool, or in an attempt to force water from his bladder, there seemed to be a sudden pressure upon, and a sharp sense of something giving way in the rectum, which was followed by a free discharge of *urine per anum*. This outlet of urine continued up to, and some time after the removal of the stone.

During the forepart of the month of September, 1868, inflammation of the perineum and swelling of the scrotum took place, and in four or five days resulted in ulceration of the perineum on the left side, which increased rapidly, and soon after a hard solid body was discovered by the patient, occupying and projecting from the ulcerated opening in the skin below the left groin.

This hard, foreign body projected more and more, so that, on the second or third day, the heroic patient seized hold of the anterior or protruded end with his fingers, and by a wriggling motion and traction, he extracted the stone herewith presented for examination.

A Timely Subject.

At the meeting of German Naturalists and physicians last summer, Professor Ludimar Hermann of Zurich, related some experiments which he had made to determine the influence of *drinking cold water when the body was heated from exercise.* He had injected cold water into the stomachs of animals. Previously to the injection, he measured the arterial pressure in the carotid and crural arteries, and found that, almost immediately after the injection of cold water, it became increased. At the same time, he observed a change to take place in the respiration, the inspirations becoming deeper, which may have been either a direct effect of the injection, or a kind of compensation for the temporary derangenent of the circulation. This latter view received some support from an experiment made on an animal which been poisoned with curara. In that case, the increase of arterial pressure had been very sudden and considerable. With regard to the practical question, Professor Hermann thought that a sudden increase of arterial pressure through drinking cold water when the body is heated by exercise, might only become dangerous when there is a *locus minoris resistentiæ* in the vascular system through disease of the blood-vessels. The Professor, also communicated some experiments to prove that convulsions can be caused by the retention of venous blood in the brain.

Fatty Degeneration of the Placenta.

Andrew C. Kemper, A. M., M. D., of Cincinnati, Ohio, reports the following case in the *American Journal of Medical Science*:

September 25th, 1868. Mrs. ———, æt., 33, had always enjoyed excellent health; uterine functions perfectly regular; nearly two years after her marriage she supposed herself, for the first time pregnant, her catamenia having ceased. She experienced all the usual effects of that condition, without any unfavorable symptom, until February. About the first of January she had suffered for several days from mental anxiety, and in the second week in February she became aware of a sudden diminution in her size, after which she was not larger than previous to her conception. There was no discharge or other sensible cause for this. About the middle of April some dribbling hemorrhage occurred and continued for a couple of weeks. Medical advice was sought, but without any practical solution of the difficulty, except to convince her that she was mistaken in the supposition that she had been pregnant. The hemorrhage returned on the 19th and 20th of May, and on the 30th, after two or three sharp labor pains, a blighted fœtus, of apparently two months, was expelled from the uterus. Membranes were of a dark, dusky, modena color, un-

broken, and showing the form of the fœtus through them. Placenta normal size for fœtus of two months, entirely composed of fat, but resembling on its uterine surface the outer layer of fat on the ribs of beef, and was unctuous to the touch. Uterine surface presented two irregularly shaped, branch-like bloody streaks, three lines broad, and an inch and an inch and a half long respectively, very nearly at right angles with each other. Excepting these streaks, there was no appearance of vessels upon or within the placenta. The anterior wall of the abdomen seemed to be of more than ordinary thickness. The pelvis was of good shape and well developed. The lochial discharge ceased on the fourth day. On the sixth day there was a sudden gush of blood from the uterus that blanched the cheeks and lips of the patient. Since then there has been no discharge. The convalescence has been rapid, and the patient has been going about the streets for several weeks apparently in perfect health.

The Administration of Chloroform.

The *British Medical Journal* of last December contains the following useful memoranda:

1. Unless very feeble, the patient should fast for three hours before the inhalation.

2. Ten minutes before the inhalation, a dose of brandy should be given in water—a teaspoonful to a child, one or two tablespoonfuls to an adult.

3. The patient should, whenever convenient, be wholly undressed, and invariably everything tight about the chest or neck should be removed.

4. If possible, let the patient be in the recumbent posture, and on his back. Let the chest and neck be well exposed. Whatever form of apparatus be used (a piece of lint, a handkerchief, or Skinner's inhaler, are perhaps among the best), you may begin boldly. There is no risk with the first inhalations; and the patient may be instructed "to draw full breaths." So soon as any effect is manifest, you must be more cautious. Watch carefully the respiratory movements, and the color of the cheeks, lips, and eyes. If the patient struggle much, proceed with increased caution.

SIGNS OF DANGER.

Lividity of Face.—Remove the chloroform, and let the patient have air. Open the mouth and draw out the tongue.

Stertorous Respiration.— Stop the chloroform, open the mouth, draw forward the tongue, and watch carefully.

Irregular Gasping Respiration.—Stop the chloroform, dash cold water on the face, and flip with the towel.

Death-like Pallor.— This, the most dangerous sign of all, must be met without a moment's loss of time. Flip with the wet towel on the cheeks, chest, abdomen, etc. Open the mouth, and if, as is usual, breathing has ceased, begin artificial respiration at once. With outspread palms, press the front of the chest forcibly down, whilst an assistant, at the same time, presses the abdomen. Make these movements not oftener than fifteen times in the minute. Air should be heard to enter the trachea. Whilst this is being done, let assistants continue most vigorously to flip the skin in all accessible positions—it cannot be done too much. If the collapse continue, let an ounce of brandy be injected into the rectum. Do not remit the artificial respiration until the patient is quite rallied. If the collapse persist, the efforts at rallying should be persevered with for an hour at least. If a large catheter be at hand, it may be well to introduce it into the trachea, and inflate the lungs by the mouth. Remember that irregular inspiratory efforts may occur long after death in all other respects has apparently taken place. Do not be deceived by them, but continue your efforts.

REMARKS.

The plan of artificial respiration recommended is, we believe, all things considered, the most convenient. The catheter in the trachea is, when practicable, the most effectual plan. Its introduction is not difficult. If the artificial inspirations be made too rapidly, they defeat their own object; nor should they be too forcibly made. If it be needful to continue them more than a few minutes, the operator will find it convenient to kneel astride the patient's trunk.

The administrator ought always to have with him brandy, an enema-syringe, and a large flexible catheter. He ought always, when convenient, to require his patient to be undressed, since it may be very desirable to have the surface accessible.

Filters and Filtration.

The British *Medical Journal* says: The process of filtration has recently received a totally unexpected elucidation, and one which is of great importance in regard to the use of filters for improving the condition of water intended for domestic use. We refer to the results obtained by Dr. Frankland in his experiments on sewage, and published in the Report of the Royal Commissioners on River Pollution. These results conclusively establish the general fact that the filtration of an aqueous solution is not a merely mechanical operation—that is to say, it does not consist merely in separation from the liquid of any material that is suspended in a minute state of division causing turbidity; but that, in addition to this filtration comprises a chemical alteration of material *dissolved* in the water. It is chiefly in regard to such alteration of organic material dissolved in water that Dr. Frankland's experiments have been conducted; and he finds that, when properly conducted, filtration is a most efficient means of con-

verting putrescent or putrescrible organic material into harmless products. The action that takes place is one of oxidation—a slow burning of the organic material, and its conversion into the ordinary products of oxidation. Both the carbon and nitrogen existing in the state of organic combination undergo this change, and the latter appears in the filtered water in the form of nitric acid, combined as a nitrate with whatever bases may be present. The kind of water operated upon by Dr. Frankland was ordinary London sewage, and the filtering medium employed was common soil, or a mixture of sand and chalk. To illustrate the extent to which this action takes place, it may be mentioned that in some instances the filtered sewage was purified to such a degree that in respect of organic substance it actually equaled, and sometimes even surpassed, in purity the water supplied to London for domestic purposes. These remarkable results not only point to a possible solution of the sewage difficulty under which most towns in the kingdom are suffering, but they also suggest a number of questions as to the relative efficiency of the various kinds of filters commonly used for household purposes; for Dr. Frankland's experiments show, as far as they have gone, that there is a remarkable difference in the purifying power of various materials when used as filtering media, and that they also differ in their capability of remaining efficacious as purifiers. His experiments have, however, been confined to the purification of sewage, but their results are sufficient to show the importance of examining this subject more fully in reference to the case of potable water. We, therefore, propose to undertake the examination of water-filters, and to report fully upon them. Considering the dubious antecedents of the water supplied to London, and the occasional prevalence in it of a high degree of impurity, a convenient and efficacious filter ought to be regarded as an indispensable requisite of every London household.

Dangers of Hypodermic Injection.

Dr. E. Paul Sale, of Aberdeen, Miss., reports to the New Orleans *Journal of Medicine*, the following case as a warning in the use of the hypodermic syringe in certain cases.

Was called in the night of September 1st, 1869, to see Rowena P. f. w. c., æt. nineteen, mother of twins, æt. three months. Found her to be suffering from *malarial coma*, the result of a tertian intermittent fever of two months' duration. Desiring to rapidly quininize her, administered in the arm, by hypodermic injection, quinia, gr. vi, of an etherial solution, with directions to give her three grains of the drug every two hours, when she should be able to swallow; other adjuvant remedies were addressed as were thought appropriate.

Sept. 2d. Found her much improved, she declared herself well, and was able to walk about the room, but complained of being weak, and having a "light feeling about the head;" directed the quinia to be continued in smaller doses, for three days, and dismissed the case.

Four days afterwards (Sept. 6th,) she walked to my office, two miles, to show me her arm where I inserted the hypodermic syringe. It was found much tumefied, hot, and very painful to the touch. I prescribed for it, and desired, she would return if it did not improve. Saw no more of her until September 12th, when I was summoned to her, with the report that she had caught cold and had a "crick in her neck," which prevented her from working. I found on examination much trismus and slight opisthotonos; complained of no pain, except when she attempted to open her mouth, or move her head; pulse, 85; temperature, 101°; conversed rationally, and did not at all appreciate her condition. I ordered beef-tea and brandy, gave her a prescription of quiniæ sulph. gr. vij, morph. sulph. gr. ½, atropiæ, gr. 1-30, every hour, until visible effects should be produced, and had her placed in as fine hygienic condition as circumstances would admit. After the first three doses the trismus had almost disappeared. I extended the interval between doses to two hours.

In my absence, the nurse in giving her beef-tea, poured it out too rapidly, which strangled her, and was followed by convulsions. After this the trismus returned two-fold, and the opisthotonos was well marked, her head almost touching her heels; breathing difficult and sonorous; pupils contracted, and the eyes protruding; was unable to speak, except in broken sentences, but was perfectly rational; the pulse rose to 115, temperature 105°.4. Gave chloroform by inhalation until her muscular system was somewhat relaxed, and her disphagia had subsided, then gave the quinia-morphia and atropia every thirty minutes for two hours. She improved rapidly, and at dark, thirteen hours after first seeing her, and twenty-four from the announcement of last attack, she was sufficiently able to open her mouth so as to admit my two first fingers edgewise. Having lost sleep the night before, I retired for the night, directing that I be awakened should any untoward symptoms intervene. About 12 o'clock was told she was dying, and hurried to the house and found her dead. I learned the blundering nurse had raised her up to give her medicine and had again strangled her.

There are two points of interest developed by this case:

1st. It shows the deleterious effects which frequently follow the use of quinine hypodermically; for it so happens this is the fourth case out of ten in which I have had cause to much regret resorting to this method of medication, on account of the violent

inflammation which has been the sequence. Not so, however, with morphia or atropia which I use with impunity.

2d. The power of quinia, morphia and atropia, in controlling to a great extent the spasms. I will add, that in the hands of a skillful and intelligent nurse, or had I remained by the bedside during the night, I feel confident the patient would have recovered under the treatment described. Her death was evidently apnœa on account of spasm of the glottis, immediately produced by the awkward administration of the medicine.

Herniotomy.

Dr. O. G. SELDEN, of Ohio, contributes a valuable article on this subject to the Cincinnati *Lancet and Observer*, from which we make the following extract:

If then, the opinions and practice which I have detailed be correct, we have fairly deducible therefrom the three following rules:

1. When the hernial omentum is degenerated in structure, and pediculated in shape, which conformation perhaps always exists in connection with degeneracy of tissue, or firm adhesions to the sac, we should enclose the pedicle of the mass in a strong ligature, and cut it away below.

2. When the hernial omentum is much inflamed, or contused, or in a state approaching gangrene, as often happens from the application of undue force in attempts to reduce by taxis, the part should be left in the sac.

3. When the abdominal ring is much distended, and a large mass of omentum is found within it and the sac, and if the omentum be either in part or in whole hypertrophied, or indurated, without tissue degeneration, we may safely return the whole into the abdomen.

As to the disposition of recently extruded omentum, when it has not been contused by rough manipulation, no doubt can exist of the propriety of returning it at once. Anomalous cases will no doubt occur, for which no rule can be given, the disposition of which must be left to the judgment and discretion of the surgeon. But I believe it would be rare to meet with a case which can not be classed with one of the three conditions I have described. In the thirty-six cases in which I have operated no such anomaly occurred.

I am not so unwise as to think that any rule or law in medicine or surgery, can be established from the limited number of cases that I have witnessed. But I believe, so far as I have observed, I have drawn rational conclusions, and now publish my experience and opinions to see if the practice of others will corroborate them, provided any should have sufficient temerity to violate a given rule of the "books." Certainly the fears of the older authors of the effect of replacing hypertrophied and indurated omentum, were not realized in my cases, and I am forced to the conclusion, that the evil consequences which they have related as following such a practice, were rather due to the drastic purgation which was practiced immediately after herniotomy, that having been the rule of practice in the days of Pott, Hey, Sir A. Cooper, and Lawrence, and which is yet said to prevail in continental Europe.

Crabolic Collodion.

Dr. J. M. Hirsh of Chicago, has published in a new Journal, *The Arts*, a description of the method of preparing his new mixture for stopping hemorrhage. Taking advantage of the astringent property in carbolic acid, which even in dilute solution will check the flow of blood, he prevents external coagulation—objectionable on account of its liability to break off and allow the flow to commence anew—by adding to the carbolic acid, or phenol collodion, which almost instantly forms an artificial covering closely fitting the wound, so that coagulation has to take place within or beneath this coating. Ordinary collodion, which is a solution of gun cotton dissolved in ether, contracts greatly upon the evaporation of the latter, and frequently scales off. To obviate this he uses glycerine, which has the property of rendering the collodion elastic. He finds that carbolate of glycerine is sofuble in all proportions in collodion. The highly irritating and poisonous property of carbolic acid suggests that it should be used very sparingly in this compound.

Reviews and Book Notices.

NOTES ON BOOKS.

The second number of the University Series of pamphlets (published by Charles C. Chatfield, New Haven, Conn.) is "The Correlation of Vital and Physical Forces;" by Prof. Geo. F. Barker, M. D., of Yale College. It is a well written and able summary of this important doctrine.

The Report of the "Schwedisches heilgymnastiches Institut zu Bremen," which we have received, shows of 1427 patients received, nearly 1200 either cured or improved. The director is Dr. Axel Sigfrid Ulrich. There is no doubt of the great value of this system of mechanical therapeutics, if we may call it such.

We have received:

The 53d Annual Report of the Frankford Asylum for the Insane.

Circular and Catalogue of the Washington University, Baltimore.

Twelfth Annual Report of the Hospital for the Insane, Hailfax, Nova Scotia, from Dr. De Wolf.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MAY 14, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PENNSYLVANIA HOSPITAL AND FEMALE STUDENTS.

Most readers are aware of the disturbance in the medical circles of our city, arising from the admission of female students to the clinics of the Pennsylvania Hospital. We propose to give a brief history of the action of the Hospital, in reference to the question, up to date.

On October 25, 1869, an application was made by the officers of the Female Medical College that the students of their college be admitted to the lectures of the hospital, when it was resolved that the steward be authorized to sell tickets to such female students connected with the Women's Medical College. On the 6th of November a disturbance was made by some of the students attending the clinical lecture of that day, not only in the lecture-room, but in the yard of the hospital and in the adjoining street, so as to cause severe animadversion from a large part of the public press. This led to a special meeting of the managers on the 13th of the same month, when the following preamble and resolutions were adopted.

Whereas, It appears the resolution adopted by the Board at their stated meeting on the 20th ult., authorizing the attendance of female students at the clinics of the hospital, has given rise to much dissatisfaction on the part of many physicians and students of this city; and

Whereas, Such opposition was entirely unexpected, from the fact that female students had been attending the clinics of the Blockly Hospital of this city, as well as the Bellevue Hospital of New-York, and that of Edinburgh, Scotland, and Zurich, Switzerland, without, so far as we were aware, there being any opposition; and

Whereas, It is the desire of the managers of the hospital to avoid giving any just ground for dissatisfaction; therefore,

Resolved, That a committee of five be appointed to confer with the medical and surgical staff of the hospital, and to provide for separate clinical instruction to the female students of medicine, on at least one day in each week, and that on the completion of such an arrangement the other clinical lectures be confined to classes composed of males only

At an adjourned meeting, held Dec. 6, 1869, the Committee reported, "That having had a conference with the medical and surgical staff of the hospital, and a full discussion of the subject referred to the Committee, they report that the entire medical and surgical staff expressed their opposition to the establishment of separate clinics for female students, and their willingness to continue the clinic to mixed classes, under the restrictions and upon the conditions expressed in their communications to the Committee herewith presented," viz:

At the meeting held at the Pennsylvania Hospital, Dec. 2, 1869, the medical staff, after submitting their views on the subject of separate instruction of female students, being unable to accede to the proposition of the Committee of the Board, and being informed that any other proposition looking to the present solution of the difficulty would be received, under existing complications, and in view of the fact of the managers having already granted the right by the sale of tickets to female students to attend the clinics of the hospital, submit the following proposition:

1. That clinical instruction shall not in the least be restricted or abridged.

2. That female students shall only attend on one of the two clinical days of each week; and that on this day all cases deemed by the lecturer indelicate or improper to be witnessed by them, shall be reserved for the last part of the hour, when these students shall be notified, in order that they may withdraw: and, in their not doing so, the lecturer shall have the option of dismissing the class.

3. The above arrangements to continue only until the expiration of the term for which the tickets have been already sold.

4. These conditions to be announced to the medical class.

Signed on behalf of the Medical and Surgical Board.

Some doubts having subsequently been expressed whether the proposed arrangement would be satisfactory to the students, the subject was referred back to the Committee, who, on the 29th, received the following communication from the medical staff:

GENTLEMEN: As we have reason to think that you may be waiting a further communication from us, we beg leave to state that since your last meeting we have decided grounds for believing that

temporary arrangement proposed will be as generally acceptable to the faculties and students concerned, and to the profession at large, as any that can be devised. We have, however, agreed to one alteration in the second proposition, so that it shall read, "the lecturer shall dismiss the class," instead of shall have the option of dismissing the class.

Signed by Secretary of Medical Staff.

The Board of Managers "then resolved that the report of the Committee be accepted and the plan proposed for conducting the clinics was unanimously adopted;" but the change in the plan suggested in the communication of the Secretary of the medical staff was respectfully declined.

Under this arrangement the clinical lectures were regularly held, without disturbance of any kind, and, from appearances, seemed to be giving satisfaction to all parties. Inasmuch, however, as some members of the medical profession expressed in very decided terms, their opposition to the course adopted by the Board and sanctioned by the medical staff of the hospital, the Managers, at their meeting on the 28th ult.

Resolved, That the question whether tickets shall or shall not be issued to female students to attend the general clinical lectures at the hospital, be referred to the contributors at their annual meeting, to be held in Fifth-month (May) next, for their instructions in the case.

This meeting was held on Monday, the 2nd of May. Mr. John Welsh presided and offered the following resolution:

WHEREAS, The Managers of the Pennsylvania Hospital had asked the contributors to inform the incoming Board of their wishes in regard to clinical instruction to women; *and whereas*, such instruction, when to large bodies of men and women collectively, is at present, in the minds of many, of questionable expediency; therefore

Resolved, That the Managers, after conferring with their medical and surgical staff, shall, if practicable, arrange for appropriate, thorough clinical instruction in the Pennsylvania Hospital to the students of the Women's Medical College of this city.

At the suggestion of Mr. Welsh, a letter from Dr. Wm. B. Atkinson, Secretary of the Philadelphia County Medical Society, to Dr. Wm. H. Pancoast was read. It set forth that the sense of the Philadelphia Medical Society is against women becoming members of that society; that no professor in the Female Medical College can become a member of the former society, and forbade consultation with female physicians as professors of the College of Females.

Considerable discussion arose on Mr. Welsh's resolution, which was at last carried by a large majority.

Few unprejudiced persons but will approve of the action as temperate and wise, and contrasting favorably with the prejudiced, narrow-minded, and shortsighted action of a party in the Philadelphia County Medical Society.

THE AMERICAN MEDICAL ASSOCIATION.

The Association held its 21st annual session in Washington last week. There was a large and very general representation of the profession of the country. We shall say but little about the meeting, for the reason that the less said about it the better. But what we do say, must be said plainly. It is a swindle on the valuable time of members of the profession to bring them hundreds of miles from every section of the country to witness, day after day, for three days, the political gladiatorship of men who are fighting "to keep politics out of the American Medical Association," but whose every act tends to carry the Association into politics. The medical profession of the District of Columbia, could, and should have settled their differences before the Association met. But one party was determined to sacrifice everything "to keep the nigger out" of the Association, and the other to put him in—not so much that they cared for the negro, as that they wanted to get in themselves. Yet one side had the assurance to tell us that the question of race or color had nothing whatever to do with their action, and the other that they had not used political influence against their opponents. On the one hand the simple alteration of the wording of a by-law would have removed any ethical technicality as a disturbing cause—and on the other, less lobbying with politicians in Congress, and more straightforward attention to professional duty, would have been more in keeping with the objects professed to be aimed at.

We would suggest that hereafter the Association firmly and persistently refuse to enter into the quarrels of the profession of the locality in which they meet, and if it can be done in no other way, by excluding them all. This would have been the proper course at Washington. Furthermore, if the code of ethics is to be made the ostensible occasion of ventilating political and private quarrels in the Association, that instrument had better be amended by striking out all after the enacting clause, and inserting the 12th verse of the

7th chapter of Matthew's gospel, "*Therefore all things whatsoever ye would that men should do to you, do you even so to them.*" No code of ethics will transform men of low instincts into gentlemen.

The election of Dr. ALFRED STILLÉ of this city as President, for the ensuing year, whose dignified and modest demeanor was in such marked contrast with the spirit of the meeting, we accept as a proof that there is still left in the Association a modicum of good sense—enough we hope, to save it from utter demoralization and ruin. Get the Association into the hands of such men, and forever discard the wire-pullers who have hitherto managed it, and we may hope that its sessions, instead of being a disgrace, will be a credit to the medical profession, and advance the interests of science.

It will be observed that in electing Dr. STILLÉ, who is one of the Consulting Board of the Women's Hospital of this city, the Association administered a withering rebuke to the Philadelphia County Medical Society, by whose action Dr. STILLÉ, if he was a member of that society, has been excluded from membership. This was done, too, by the Association in face of its refusal to receive Dr. HARTSHORNE as a delegate.

The conduct of another Convention composed in large part of medical men was in dignified contrast with that of the Association. The Convention for the revision of the U. S. Pharmacopœia, received, without a question, delegates from the same bodies about whom there was so much wrangling in the Association.

There was some business of professional interest and importance transacted, both in the general, and in the sectional meetings of the Association; but most of the time was occupied in wrangling over the local difficulty in the profession of the District of Columbia.

The next meeting is to be held in San Francisco. It is expected that all who voted yea on the proposition will attend the meeting!

For the report of the proceedings, a part of which appears in this number, we are mainly indebted to the generally accurate report which appeared in the Washington *Chronicle*.

——Dr. ZACCHEUS BASS, of Middlebury, Vermont, has been in the practice of his profession for fifty-seven years. He was Surgeon of Volunteers in the war of 1812, and was at the battle of Plattsburgh in 1814.

Notes and Comments.

Poke Root in Tumors.

Dr. Alexander, of Tennessee, writes us:

"I have recently been much gratified by the disappearance of an ugly tumor from the face of an old gentleman to whom I administered the fluid extract of poke root (phytolacca decandra) in twenty drop doses, three times daily, having prescribed the medicine for chronic rheumatism. He used the fluid extract for about three months, suspending its use two or three times for a few days.

The tumor, which was situated upon the cheek, just below the outer canthus of the right eye, covering the prominence of the malar bone, jutted out as large as a small walnut, with a bleeding surface, first made its appearance as a hard elevation of the cuticle covered with a white crust or scab, which would itch so as to cause him to rub it off frequently. The tumor had for several months grown rapidly, attended with burning sensation and sharp, lancinating pain, extending to eye and temple. There is now scarcely a vestige of it remaining. No other application than dilute carbolic acid with glycerine was made to the cancer(?). His general health is much improved, and from having been so much crippled with rheumatism as to make walking difficult for the past three years, he is now able to plow. Trust the cure may prove permanent; if not, will again report."

Correspondence.

DOMESTIC.

Anointing in Disease.

EDS. MED. & SURG. REPORTER:

In your issue of April 23, 1870, under the caption of "Periscope," you refer to the practice of anointing the body as reported by Dr. H. G. Knags in the *Lancet*. I am induced to trespass upon your columns in order to still further call attention of the profession to this mode of practice, as I believe it to possess a value not generally appreciated.

True, it is a practice of very ancient date, as we learn from sacred as well as profane history. And it is numbered, perhaps, amongst the first remedies used in the healing art in early times.

But, like many other remedies of real value, it has been made the victim of superstition by weak minds, and afterwards sacrificed to neglect and disrepute by the eagerness with which new remedies and new discoveries are seized upon and thrown aside for higher attainments in the art.

In the re-introduction of inunction, we have another demonstration of what we witness almost daily. Old remedies are being sifted out from their burial places—polished and brightened by more skillful hands and again applied with increased success. Old remedies, long tried and faithful, have been cast aside and displaced by new productions—not really because of their demerit, or of the superior efficacy of the new, but from an insatiate thirst for novelty, a misuse of the remedy or an indiscreet consideration and trial of the new remedy.

It would be idle to say that we are not constantly receiving new remedies of superior value; that would imply that we are making no progress in the art and science of medicine. But the truth is patent that the crowd of seekers after new remedies—and also new diseases—is overlooking many a brilliant gem that once sparkled in the armamentarium of the successful physician, and which the slow steady hand of common sense following up the chase, uncovers and brings to the light again. So with "anointing," and opiates in parturition. It is no new thing in the practice of medicine that opiates should accelerate labor by increasing apparently the expulsive contraction of the uterus. Nearly half a century ago, Dr. FRANCIS S. BURROWES, an eminent surgeon and physician, was in the habit of administering "laudanum and castor oil" to his patients, whenever he found the os rigid and unyielding and the patient suffering from the barrier. He always calculated with a certainty to give rest to the patient for about two or three hours, when, as he said "the oil would operate and the child would be born."

To return, however, to inunction of the body, I have frequently witnessed, during the twenty-five years of my practice, the efficacy of "greasing the body," as the old women called it (for it was often their prescription and not mine) in certain infantile affections, as atrophy and subacute hepatitis, and I think I have witnessed great benefit resulting from it in scarlatina, and in affections of the throat and chest, in intestinal disorders and in peritonitis. Anointing the abdomen in dysentery is an old remedy, doubtless of much value in many cases. A common method was to have a large "pan cake" baked to cover the whole abdomen, and whilst warm it was thoroughly saturated with lard and applied to the abdomen: This subserved the double purpose of a poultice and anointing.

As to the *modus operandi* of the anointing and the oil in the restorative process, when applied to the skin, we can only conjecture. It may operate by preventing the free exhalation, or by softening the excretions which take place from the "diaphnogenous" apparatus, and hastening their exit, or the oil may be absorbed and carried by the veins into the circulation, and thus producing the change, as we now see witnessed by the use of the hypodermic syringe. Certain it is, the power of absorption possessed by the skin is very great and rapid. And we may yet be led to discover in the iatraleptic method or the anointing process, a way to administer medicines superior to, and safer than by, the syringe.

CORRESPONDENT.

Lancaster, Pa.

Spasm of the Stomach.

EDS. MED. AND SURG. REPORTER:

I was called, December 2nd, 1869, to see Mrs. I———, æt. 45 years; married, and the mother of six children; on arrival I found her suffering with intense and lancinating pains in the stomach. She stated that the pains seemed to her as if her stomach was being torn to pieces. Her bowels are regular; urinary organs in good condition; uterine functions normal; tongue clean; pulse slightly accelerated; skin a little moist; complains of nothing but the stomach; there is slight tenderness on pressure; no tumor; occasional vomiting. I at once administered morphia sulphat. $\frac{1}{4}$ gr.; this failing to give any relief, I repeated the dose in fifteen minutes. This also failed. I administered the third dose, and it still failing to relieve her, I gave her chloroform in half drachm doses until she had taken three doses. In a few moments her pains left her, and she expressed herself as being easy. She then slept an hour and awoke, feeling nearly well, except a little nausea. On the day following, she was attacked again, in the same way, and morphia was given in half grain doses, but failed to relieve her. Chloroform was given, as before, and gave relief immediately. These attacks continued to recur every day about the same hour for several days, and were relieved by the chloroform, the morphia, after repeated trials, being found to be useless. Thinking from the periodicity of the attacks that quinine was indicated, we gave it in full doses, but it did not ward off the attacks in the least. The patient was now getting very weak and anæmic; appetite almost gone; she was now ordered to have wine and a mild nourishing diet, and to take one of the following pills morning noon and night.

℞.	Strychniæ,	gr. 1-40th.	
	Podophyllin,	gr. 1-24th.	
	Pulv. aloes,	gr. $\frac{1}{4}$.	
	Cinchoniæ sulph.,	gr. $\frac{1}{2}$.	
	Ferri sulph.,	gr. j.	
	Ext. gent.,	q. s.	M.

Ft. one pill.

After taking the above pill for a week she began to improve, and during the week she only had two attacks, and these were lighter than what she had had before. She continued to take the pill for three weeks, and by that time had improved so much that she thought she could do very well without

any more medicine. The pill was discontinued, and in three days after she was attacked with epigastric pains as before.

She commenced taking the pills again, and took them for a month, and again thought she could get along without them; but the troubles in her stomach returned as bad as ever. She has been taking the pill now ever since her last attack, which occurred about the middle of March. So long as she takes them, she continues free from pain, and is able to do her housework. Now there is something about this case that I do not understand clearly. It is evident that the pain was of a spasmodic nature, for it was always removed with the chloroform.

There have never been any symptoms of gastric ulcer, cancer, or chronic gastritis; I incline to the opinion of Da Costa, that it is a cramp or spasm of the stomach. Dr. DA COSTA'S "Medical Diagnosis" says: "This predisposition is met with in gouty and rheumatic persons, and in those who are debilitated; in women who are anæmic or hysterical, and in men who have been exposed to exhausting influences." But the question with me is: What originated this pain? And in the next place: In what way does the above pill remove it? Inclining to the opinion that hysteria was at the bottom of this matter, I have treated the case on the plan of Dr. SKEY, with tonics and stimulants, and good diet. I have reported this case hoping that I may receive from some of the numerous readers of the REPORTER clearer views of it and its treatment.

J. T. DAVIS.

Laconia, Ind., April 20, 1870.

NEWS AND MISCELLANY.

European Items.

——Sir James F. Simpson, of Edinburgh, has been seriously ill, but at latest advices was recovering. He has since died.

——M. Nélaton is threatened with some obscure form of cardiac disease, and has almost entirely withdrawn from practice.

—— Relapsing fever has been rapidly diminishing in London, only 52 cases being in the fever hospital in the third week in April.

SENSIBLE!—Dr. THOMAS F. DALE, of Allegheny, Pa., having learned that his name was mentioned in connection with a nomination to Congress, writes to the Pittsburg *Commercial*, "I would most decidedly say that I know of no circumstances that could induce me to become a candidate for the nomination." There is nothing like politics to spoil a physician.

——In the case of JOSEPH B. HOWES against Dr. N. P. MONROE, a distinguished physician and surgeon in Belfast, Me., for alleged malpractice in the treatment of plaintiff's eyes, the jury rendered a verdict for defendant. The damages claimed were $40,000. The trial occupied nearly a week.

MARRIED.

BARROWS—SMITH. April 27th, 1870, at the residence of the bride's father, by Rev. E. P. Wright, rector of St. James Episcopal Church, Dr. George H. Barrows, of Walnut Hills, and Miss Mary J. Smith, daughter of Thomas Smith, of Cincinnati.

BURKE—SHOOK. At "Oak Hill," the residence of the bride's parents, near Greencastle, Pa., April 28th, 1870, by Rev. S. N. Callender, D. D., Dr. George W. Burke, of New Castle, Ind., and Belle, eldest daughter of Jacob Shook, Esq.

COLTON—LOOMIS. April 3rd, in New York, by Rev. A. M. Colton, of Easthampton, Mass., Dr. Edw. G. Colton, of Brooklyn, and Miss Emma J., only daughter of Sam'l Loomis, Esq., of Sycamore, Ill.

GREEN—CARPENTER. In Newbury, Vt., April 23d, by Rev. E. Irwin Carpenter, Edwin P. Green, Esq., of Akron, O., and Miss Elizabeth A. Moore, of Littleton, N. H., daughter of the late Dr. Adams Moore.

HICKOK—PRICE. At Norwalk, Conn., May 4, at the residence of the bride's parents, by Rev. S. B. S. Bissell, George B. Hickok, M. D., of New York, and Ella L., daughter of E. B. Price, Esq.

MCCALLUM—TRACY. In Sivas, Asia Minor, March 3d, by Rev. W. W. Livingston, brother-in-law of the bride, assisted by Rev. E. Riggs, Edward H. McCallum, Inspector of Ottoman Telegraph, and Rebecca Dana, second daughter of Stephen Tracy, M. D., of Andover, Mass.

DIED.

BELDEN. At Amherst, Mass., Dr. Rufus Belden, formerly of Williamsburgh and New York, aged about 60.

EDELIN. In Corning, New York, Sidney Thruston, wife of Dr. Alfred Edelin, and daughter of the late Wm. A. Bradley, of Washington, D. C.

ROBERTS. April 3rd, at the residence of his son-in-law, L. S. Herbert, Esq., in New Salem, Pa., Dr. D. W. Roberts, aged 78 years.

WILLSON. April 30th, at the Camp of the Seventh U. S. Cavalry, near Fort Scott, Kansas, in the 30th year of his age, Dr. John Willson, Act. Asst. Surg., U. S. A., and formerly Asst. Surgeon, U. S. N.

METEOROLOGY.

APRIL.	25,	26,	27,	28,	29,	30,	M. 1.
Wind.....	N.	S. W.	S.	S.	N. E.	N. E.	N.W.
Weather.	Clear	Clear	Clear	C. H. Sho'r T. L.	Cl'dy Rain.	Clear	Clear
Depth Rain				1 3-10	2-10		
Thermom....							
Minimum..	41°	39°	43°	53°	47°	40°	45°
At 8, A M.	60	53	70	67	49	52	62
At 12, M...	56	62	72	76	49	61	67
At 3, P. M.	56	63	73	80	50	63	72
Mean.....	53.25	54.75	64.50	69.	48.75	54.	61.50
Barometer..							
At 12. M...	30.1	30.2	30.1	30.	30.1	30.2	30.1

Germantown, Pa. B. J. LEED [illegible].

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SPONTANEOUS PTYALISM.

By C. W. Knight, M. D., U. S. A.

Of Post Lampasas, Texas.

On board the U.S. steamer "New England," at Havana, on the 3d February last, Mr. I. L. made me the following statement: Two days previously he had noticed that his mouth was unusually "watery;" but he had not thought much of it until waking this morning he found his pillow and night-shirt saturated with saliva. He also said that he felt a "little stiff and sore in the jaws." He stated positively—and I place great confidence in his desire to tell me the entire truth—*that he had been taking no medicine of any kind*, with the exception of two Seidlitz powders, which I had given him to relieve a tendency to constipation. On examination I found the parotids slightly enlarged and indurated with increased sensibility to touch. The gums were swollen and moderately sensitive around the molars. The tongue looked healthy, with the exception of a little whitish fur near the base. The breath was offensive, resembling in odor that of the body of an uncleanly man. On careful inspection the teeth were found to be perfectly sound, and entirely free from any sharp edges that might act as sources of irritation. Being his messmate, I knew that his diet had contained a full allowance of fresh meats and vegetables. I had many opportunities for knowing that his health had been good in every respect, excepting that his bowels had been constipated, as previously mentioned.

As treatment, I ordered a purge of rhubarb and jalap to be taken at once. Internally, a tablespoonful, every three hours, of a solution of potassæ chlor. of the strength of one drachm to the pint; this solution to be also used as a mouth wash several times daily.

Feb. 4th.—All the symptoms much aggravated. Parotids larger and more painful; gums hot, tense, and very sensitive; tongue coated; yellowish in the centre, whitish on the edges and tip, with indications of forming ulcers on the edges. Patient very nervous and irritable, and complaining much of pain at the angles of the jaw. Marked fetor of breath. R. Tinct. ferri subsulph., gtt. v every three hours; pulvis. ipecac. comp. gr. x, twice in the day; continue the internal and local application of the potash solution, but of doubled strength.

Feb. 5th.—Worse. Tongue much swollen, with ulcers in several places on its edges; between three and four pints of saliva poured out during the night; parotid and submaxillary glands, enlarged, hard, and painful. The patient's appearance is pitiable, and reminds one of the descriptions by old writers of severe cases of mercurial salivation. Ordered a nourishing diet, with a milk punch, twice a day. Continued tinct. ferri subsulph., gtt. x, every three hours, and potash solution; Dover's powder *pro re nata*.

Feb. 6th.—No change for the better. The ulcers on the tongue have run together, forming three large sores; an ulcer on each cheek as large as a silver dollar, with rugged edges, and of a dark reddish color; these ulcers present a very unhealthy appearance; ordered beef essence, with milk punch; continue iron, omit chlorate of potash, and substitute a saturated solution of chloride of sodium, with which the mouth is to be thoroughly washed *every half hour*; the ulcers on the tongue and cheeks being touched, in addition, three or four times during the day with a crystal of rock salt.

Feb. 7th.—From the commencement of the

chloride of sodium treatment the patient improved rapidly, the frequency of application being gradually decreased as the patient grew better. The tonic regimen was kept up for ten days. He was entirely well in two weeks.

I desire particularly to call attention to the great relief experienced from the use of the chloride. At every application the patient said a cool and pleasant sensation was imparted to his mouth. He soon acquired the habit of keeping a small lump of salt in the mouth, and said it was as pleasant as a piece of ice to his parched tongue. The fetor of his breath was markedly controlled by the salt, so that the almost unbearable odor of the cabin was soon dissipated.

I am unable to assign any cause for the complaint, unless the torpidity of his bowels can be charged with it. I have called it spontaneous ptyalism after Thomas Watson, who gives, in his "Practice of Physic," that name to a similar train of symptons. The mode of invasion and the severity of the symptoms distinguishes my case, I think, from mumps, or ordinary stomatitis.

PUERPERAL CONVULSIONS—RECOVERY.

By D. S. Williams, M. D.,
Of Freeland, Md.

The following case may not be devoid of interest to the readers of your journal. I was called at three, on the morning of January 24th, 1870, to visit Mrs. M. J. M———, living about four miles distant, who was expecting to be confined about this time. I arrived at the place at 4 o'clock A. M. and received the following history of the case. Mrs. M——— was taken with convulsions between 1 and 2 o'clock this morning; had complained the day previously of pain in the head, which she attributed to a cold she thought she had taken; retired at 8 o'clock in the evening, having partaken of a light supper of oysters.

She awoke 1 o'clock A. M.; vomited; complained again of the pain in her head; got into bed again and turned over on her right side and was attacked with a convulsion whilst in the act of turning, or immediately after. On examination I found her of short stature, stout, health previously good; aged 23 years, and in her first pregnancy. She was unconscious; pulse moderately full. I thought I detected a slight puffiness of the skin of the forehead. She had complained of no labor pain before the convulsive attack, and on examination I found the os uteri so close as scarcely to admit the point of the finger. She had two convulsions before I saw her. She was very restless, tossing about and having the peculiar anxious, and frightened look of eclampsia. During the examination she had another convulsion which lasted about five or six minutes, (I mean the convulsive stage). Immediately after I bled her from the arm 4 or 5 oz., as she tossed her head about a good deal, I directed the constant application of cold water. I then placed a powder composed of calomel, 8 grs., ipecac, 1 gr., in her mouth; her bladder had been freely evacuated the day before. The convulsions recurred at intervals of about an hour; after the second convulsion she did not speak; I repeated the bleeding after the next two convulsions, taking about 4 oz. at each of these bleedings. I requested the family at 8 o'clock A. M. to call in another physician. Dr. Jones came at 9:30 A. M.; two and three-quarter hours have now elapsed since the last convulsion and bleeding, the doctor advised $\frac{1}{8}$ gr. sulph. of morphia at a dose, to be repeated or not, as thought proper, with mustard to the nape of the neck. She had another convulsion whilst the Dr. was present. I gave her one dose of the morphia, which seemed to increase her distress by pain in the head. She had, up to 10.30 A. M., 8 convulsions.

12.45 P. M.—Had another convulsion, which was harder and lasted longer than any of the preceding ones; her face was drawn greatly to one side during this spasm; moans a good deal. 1 o'clock P. M., had two convulsions in succession; rolls her head from side to side; constant moaning; pulse 115. 3.45 P. M., has had another convulsion; seems to be getting weak; her head in constant motion, rolling it from side to side; pulse 115, small and weak; no sign of commencing labor, on making a vaginal examination. 6 P. M. Two convulsions in succession; condition about the same. 8 P. M. Another convulsion; seems to be nearly exhausted. 9.30 P. M., has apparently some abdominal pain; the os beginning to dilate; as soon as the os was fully dilated, I ruptured the membranes; the child presented in the left ant. occipito-iliac position, and at 12.20 on the morning of the 25th, she was delivered of a dead female child. Her pulse 120, and thready; has had no convulsion since

8 o'clock. The uterus contracted well; the placenta was not delivered for an hour, after waiting that length of time, nothing demanding interference, I gently passed my hand into the uterus, and found the placenta slightly attached at one edge; I detached it and gently drew one edge down into the cervix, when it was promptly expelled. I carefully watched her from the moment of delivery to 6 o'clock A. M. of the 25th; pulse, at this time, 120, and weak.

I neglected to say that at 9.30 A. M., of the 24th inst., there was considerable preternatural heat of the head and body generally, almost amounting to a fever, this continued until six o'clock on the morning of the 25th, when I left her to attend to other patients.

Three o'clock, P. M., 25th; pulse, 84. Has taken a few spoonfuls of nourishment; no urine voided since delivery, drew off with the catheter about 4 ounces of urine. But slight lochial discharge; spoke a few words.

26th, 11.20 A. M. Nearly rational, disposed to laughter; bowels and bladder freely evacuated, complains of abdominal tenderness, and slight pain in the head; lochia natural.

27th. Rational, no recollection of what has transpired, slight febrile action, still complains of tenderness of the abdomen and back; lochial discharges natural.

28th. Doing well, bowels confined; gave calomel and ipecac., febrile action diminished.

29th. Bowels opened, doing well.

30th. Same as yesterday; had to draw the milk from her breasts. She has continued to do well from this time, not requiring anything but a gentle laxative.

The convulsions were undoubtedly of an epileptiform character, being attended with all the signs of that variety. The exciting cause I believe to be albuminuria caused by the pressure of the gravid uterus on the kidneys. I did not have my chloroform with me, or I might have given it a trial, though I have great doubts of its propriety in a case where there is such intense cerebral congestion. From my observations in this case I should hesitate to give opiates or cerebral stimulants, where there is any evidence of congestion of the brain, but would employ in a similar case in addition to free venesection, tartar emetic sufficient to nauseate, without vomiting. The stomach had been relieved by free emesis previous to the attack, or I would have given an emetic. By blood-letting and tartar emetic you will succeed in relaxing the system thereby favoring the dilatation of the os uteri and expulsion of the child.

TWO CASES OF CHOPART'S OPERATION.

Daniel Leasure, M. D.,

Of Allegheny City, Pa., late of New Castle, Pa.

Case 1st.—On the 13th of May, 1858, I was called to see N. Irwin, a farmer; aged 47; residing near Wampum, Pa. His attending surgeon, Dr. William Smith, of Moravia, informed me that seven weeks previously, he had been called to dress the patient's foot, for a cut inflicted by an ordinary chopping axe. The bit of the axe had passed down between the first and second metatarsal bones, and opened the tarso-metatarsal articulation.

The wound never healed. Inflammation of the periosteal and synovial membranes set in, followed by death of the tarsal and metatarsal bones. The discharge through various orifices surrounded by fungous granulations was very profuse, and the patient was now down by pain and hectic, had no appetite, and was exhausted by night sweats.

Assisted by Dr. Smith, I performed amputation, in the line of the cuboid and scaphoid, with the astragulus and os calcis, after the plan of Chopart, and then sawed off the free extremity of the astragalus, *close up* to the main body of the bone, I first made the flaps from the plantar surface, and then saved as much of the dorsal tissue as could be obtained free from disease. The plantar flap was brought up, and secured to the dorsal flap by interrupted sutures, and adhesive strips in the usual manner, and dressed with lint, slightly moistened with tepid water. The patient was put upon the use of sulphate of quinia, with ale and a generous animal diet. The wound healed by suppurative process, under poultices of flaxseed meal after the first four days, and in a few weeks the patient made a good recovery, with a stump that gives no pain, and by wearing a boot fashioned to the shape of the foot, and stuffed in front with some soft material, he follows his usual agricultural operations, and no one not acquainted with his history would suspect that he had lost a foot at the instep.

Case 2d.—On the 13th of February, 1868, I was called to see S. K., of Newport, Pa., aged

26, a repairer on the canal. Four weeks previously he had received a wound from an axe, almost exactly similar to case 1st, and was dressed by the same surgeon, Dr. Smith, a very careful, competent practitioner by the way. It ran precisely the same course as the case before mentioned, and assisted by Dr. Smith, of Moravia, and Dr. Reinholdt, of New Castle, I performed the same operation, with this difference, viz: I did not use any sutures, but simply brought the plantar flap up over the front of the stump, and retained it in apposition with the dorsal flap by strips of adhesive plaster. The dressings and treatment were the same as in case 1st, and it resulted in the same satisfactory manner. In both these cases the tarsal and metatarsal bones were completely dead, and lay in a bed of pus, which discharged through numerous fistulous openings, on both the dorsal and plantar surfaces.

I report these cases without any view of throwing any new or special light upon an operation so well established as that of Chopart; but for the purpose of adding to the statistics of the conservative surgery of the foot, two successful cases (I have had no others) in which the surgeon might have justified himself against blame, by amputation in the lower third of the leg, but the patients would not have been by any means quite so well off as they are.

SEQUELÆ OF DIPHTHERIA.

By O. A. Battson, M. D.

of Claremont, Ill.

It is unnecessary to offer a plan of treatment for diphtheria, for perhaps, nothing new could be presented. But, I do not remember ever to have seen any report, in the medical journals of the sequelæ of this disease.

I was called, four or five years ago, to see a little girl, twelve years of age. She had a grave attack of diphtheria, which was prevailing all through the country at the time. The disease soon yielded to the ordinary plan of treatment, generally adopted by physicians throughout the county, namely, disulphate of quinine, stimulants, as brandy and aromatic spts. ammoniæ, chloras potassæ internally, and in solution as a gargle, with volatile liniments externally. In a few days the little patient was discharged cured.

About a week afterwards, the father called in my office, and reported that his little girl was not doing well, and asked me to see her, six miles in the country, which I did. Found her not doing well, sure enough. I at once diagnosed cerebro-spinal meningitis, which was not prevailing at the time, although it did two years later. I could but regard the complication as one of the sequelæ of the original disease. She could not feel any small article, as a darning or knitting needle, when placed in her hands. There was also paralysis of the voluntary muscles concerned in locomotion, rendering her gait unsteady and torturous. She could not go in a straight line from one part of the room to another. There was partial paralysis of the tongue, and other muscles concerned in articulation, and even of deglutition. She could only articulate the vowels. She could give intelligible sound to a labial.

The organic functions seemed to be but little disturbed, the liver and kidneys performing their accustomed offices, and the stomach digesting well enough. The pathology of this array of symptoms was easily explained. There was evident effusion into the spinal canal, pressing on the chord itself. This was the grave part of the pathology; and yet perhaps, there may have been only congestion of the chord, or simple inflammation of its meninges. In either case the symptoms would be the same. The treatment consisted of such means, as almost any intelligent physician would have adopted. Repeated paper blisters to the nape, Iodide of Potassium internally, with volatile liniments to other portions of the spine, not occupied by the blisters. In two weeks the cure was permanent and complete. I saw the girl, now a young lady, a few weeks ago, at a festival, and as a matter of course, the Doctor never forgetting great achievements in his art, the subject of her disease in childhood, formed a prominent feature of our conversation.

OBSTETRICAL REMINISCENCES.

No. II.

By F. K. Bailey, M. D.,

Knoxville, Tenn.

PSEUDOCYESIS.

Among my first patients after commencing practice, was a lady of good family and excellent health, who was married at about 35. Within two years the menses stopped, and the usual symptoms indicating pregnancy manifested themselves. At each monthly re-

currence of the period, there were nausea, dizziness, headache, and a disposition to faint. I was consulted, and such means adopted as were suggested by the nature of the case.

The abdominal enlargement progressed as weeks passed away. The usual change of color in the areola was noticed. But motion, and the pulsation of the fœtal heart were not perceived. The nine months wore away, but no indication of labor. On digital examination, I found the os uteri normal and in situ. The distension of the abdomen was as great as usually found at full term. The tenth month found no change at its close.

There was but little inconvenience felt, except from the distension, which caused dyspnœa and other unpleasant symptoms.

During the eleventh month began a gradual diminution of size. Before the close of the fourteenth, the normal size was restored. Menstruation became established in a few weeks, and never was suspended afterwards until the climacteric period arrived. The uterus made but this one attempt at fulfilling the object of its creation. Of the pathology of the case I never felt sure. My hypothesis was that a blighted ovum had slowly decomposed, and gas was evolved which did not escape entirely until the expiration of many months.

The cessation of menstruation, the characteristic symptoms resulting from conception and the darkened areola, showed that the trouble was not disease of the uterus, but a deranged function.

FANCIED PREGNANCY.

In January, 1840, was called in the case of a young woman aged 18, and married during the summer previous. She was large and tall, with a full sanguine temperament. Menstruation had missed two or three times, and she made the usual complaint common to women in the first months of pregnancy. There was a slight hemorrhage, attended with some pain, and it was natural to apprehend an escape of the ovum. I opened a vein in the arm, and allowed a few ounces of blood to flow. (In those days venesection was considered necessary in pregnancy upon slight provocation.) A few powders of opium were given, and soon all uneasiness ceased.

In two months I was again called, and found as before a slight show, with pain in the uterine region. Being of a full habit, it was not unexpected that a local determination should exist at the usual regular periods. Appropriate medication in like manner produced relief. By this time it was the belief of my patient, and others that she was pregnant. In due time she "felt life," and at the expiration of six months, I was called and found her in considerable pain, attended with a flow. Abortion was apprehended, but in a few days all was right again. Subsequent to this I saw her occasionally, but not as a patient. It was certain in her mind that she was pregnant, and accordingly all due preparation was made for an event, which in the natural course of human expectation, would bring joy to the household, as well as afford a young doctor an obstetrical case. Reckoning from the time she "felt life," the term would conclude in July.

In due time I was summoned. It was in July, as anticipated, and the pains had commenced, but only to a slight degree. Not deeming it imperative to make a vaginal examination, and it being bed time, I concluded to retire, and gave directions that I should be called if the pains should become very severe. Morning dawned, and still no very urgent uterine efforts.

By this time some of the lady attendants began to suggest that perhaps it would all "blow over" for this day, and one sage matron even hazarded the opinion that my patient was not going to have a baby at all.

At this juncture I decided to ascertain the state of the case. On passing the finger to the vagina, I found, to my surprise, that the os was of a normal and virgin size. I informed my patient what was my opinion, but she would not believe I was right. She *knew* she was in a family way, for she had "felt life." I left, but was called two or three times a week for nearly a month, on account of pain which she fancied to be those of labor. After a while, however, she became convinced of her error.

About twelve months after this, I was again called, and found her really in labor. There was no fancy about this. A fine girl was soon born, and for some years, she proved to the world that, although once mistaken, she never again was thus misled. No other case of fancied pregnancy has since come to my personal notice.

PUERPERAL PHRENITIS.

During the Spring of 1854, I was called to attend a young woman advanced eight months in her first pregnancy. She seemed on my

first visit to be laboring under some slight indisposition, but soon began to be delirious. Among the first indications of this condition, was the giving of a most terrific scream, with a disposition to tear off her clothing, pull her hair, and attempt violence upon the attendants. The pulse rose to 140 in a short time, and there were all the signs of active inflammation of the meninges. This state of things commenced during the afternoon, and before dark she became well nigh unmanageable. A vaginal examination showed no dilatation of the os uteri.

There were no indications that the uterus was contracting, there was almost unremitting phrenzy during the night. The combined efforts of two or three men were required to keep her upon the bed, and from tearing everything to pieces within her reach. There was no favorable change during the succeeding day. It was well nigh impossible to administer anything by the mouth, and she could only be controlled by the inhalation of chloroform. Under the influence, immediate quiet was produced, and the pulse reduced to 80 in a few seconds.

She was kept under the influence of the anæsthetic most of the second day. About dark there were some indications of labor pains. During the phrenzy was seen an occasional scowl, characteristic of uterine pang. A medical friend in consultation suggested the rupture of the membranes. This was effected by the introduction of a sound. A small quantity of liquor amnii escaped, but no change in the os was discernible. During the succeeding hour more indications of pain were noticed. In less than two hours after the rupture of the membranes, in a paroxysm of raving, she exclaimed in a loud tone of voice: "*I could have a dozen babies!*" In a moment the child was born. One convulsive effort had effected labor, for I had watched very closely the relation of the child to the uterus. I had not left the bedside for a moment, and made frequent digital examinations. The placenta came away in like manner.

But there was no favorable change. The raving continued, and chloroform was given at intervals while life continued.

There was no post-mortem examination made, but it was considered an undoubted case of acute meningitis. It was in a malarial region, and such cases were not uncommon.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECOND DAY—WEDNESDAY, MAY 4th,

(*Concluded from P.* 412.)

The Secretary presented a number of communications on various subjects, which, after reading, were referred to appropriate committees, with instructions to report at the next annual meeting.

Dr. Maddox inquired of the Chair what disposition had been made of the delegates from the District of Columbia, and asked information relative to their right to seats in the Association.

The Chair informed him that all the delegates from the District of Columbia had been excluded.

Dr. Maddox then moved a reconsideration of the vote by which the District of Columbia delegates were excluded.

The motion was not considered as the whole matter had been referred to the Committee on Medical Ethics.

The Association then took up the consideration of the constitution, to which several amendments were proposed.

Before proceeding to vote on the constitutional amendments a resolution was offered which excluded from seats all delegates who had received appointments from permanent medical colleges, hospitals, lunatic asylums, and from the American Medical Society, at Paris, France; that those only should be admitted who had received their appointments from some society in good standing.

A motion was made to lay the resolution on the table.

It was also moved that members "by invitation" be excluded.

Considerable discussion ensued upon the resolution and the motion, when, on motion of Dr. Hibberd, the whole matter was postponed for further consideration.

Dr. Alfred Stillé, of Pennsylvania, chairman of the Committee on Ethics, submitted a partial report, recommending that Dr. C. C. Cox be admitted as a delegate from Maryland, as the charges brought against him were too vague to receive the consideration of the committee.

Dr. Keller, of Kentucky, submitted a minority report from the Committee on Ethics, recommending that Dr. C. C. Cox should not have a seat as a representative from Maryland, as he was a resident of Washington, and moved its adoption.

After considerable discussion, the majority report was adopted.

The Secretary then read the titles of a number of papers for the consideration of the several sections; after which the Convention adjourned to 9 A. M. Thursday morning.

In the evening the Association met, according to programme, in the United States Army Medical Museum, on Tenth street, the entire Association, members and delegates, were present, many of whom were accompanied by ladies. The early part of the evening was spent in examining the objects of interest in the museum, which was highly praised by the visitors.

At 8 o'clock the Association adjourned to the lower hall, from which the desks had been removed and accommodations made for the comfort of those present to listen to lectures from Drs. Otis and Woodward, of the United States army.

Dr. GEORGE A. OTIS was the first speaker. His lecture was on the Resection of Joints. He exhibited many illustrations, in which the operations made had been successful and the patients recovered. The lecture of Dr. Otis was of great interest, and was listened to with much attention.

Dr. J. J. WOODWARD then followed with a lecture on General Anatomy and Physiology, in which he illustrated the power of the artificial lights over the sunlight for micro-photography. Dr. Woodward was frequently interrupted by applause, as the excellence of the illustrations impressed the audience.

After the lecture of Dr. Woodward the audience adjourned to the Museum, where the examination of the specimens continued until a late hour.

MINORITY REPORT OF THE COMMITTEE ON CREDENTIALS.

The following is the minority report of the Committee on Credentials as read before the Association at its opening session:

The undersigned respectfully protest against the admission to the approaching session of the American Medical Association of the delegates from the Medical Society of the District of Columbia for the following reasons, viz:

These delegates represent a society which, in open defiance of the ethics of the American Medical Association, for the fee of ten dollars, issues licenses to practice medicine in the District of Columbia to homœopathic and other irregular practitioners.

This society is also irregular, and violates the ethics of the American Medical Association by claiming and exercising the power to grant licenses to practice medicine in the District of Columbia to persons who are not graduates of any respectable medical college for the fee of ten dollars.

The undersigned also respectfully protest against the admission to the next session of the American Medical Association of the delegates from the so-called Medical Association of the District of Columbia for the reason that said Association is composed of the same individuals that form the Medical Society of the District of Columbia; in fact it only settles the fee bill and local ethics of the medica- profession of the District, and can in no sense be called a medical organization entitled to representation in the American Medical Association.

No medical papers, essays, or pathological specimens are printed at its meetings, and it is in fact only an ingenious device by which the Medical Society of the District of Columbia is enabled to duplicate its number of delegates in the American Medical Association.

The undersigned also respectfully calls attention to the number of delegates claiming to represent the medical profession of the District of Columbia. The total number of regular physicians in the District is about two hundred, which would give about twenty delegates, and yet it will be seen that the District delegates number about sixty-four, which is evidently unfair, and gives the District a much larger representation than it is justly entitled to.

The undersigned having already filed a written protest with the Committee on Credentials, for the reasons above given, respectfully recommends that the following gentlemen, delegates from the Medical Society of this city, be refused admission to the approaching session of the Association, viz: R. K. Stone, T. Miller, J. C. Hall, J. W. Bulkley, A. B. Drinkard, W. G. Palmer, T. A. Ashford, W. W. Johnson, J. T. Young, S. C. Busey, J. M. Toner, W. P. Johnson, T. Antisell, C. E. Hagner, A. F. A. King, M. V. B. Bogan, W. H. Combs, D. W. Prentiss, and W. E. Roberts.

For reasons as above he respectfully recommends that seats also be refused in the approaching session of the Association to the following named gentlemen, delegates from the so-called Medical Association of the District, viz: C. H. Lieberman, D. K. Hagner, William Lee, J. C. Riley, Grafton Tyler, W. Butt, Joseph Walsh, N. S. Lincoln, J. W. H. Lovejoy, Thomas F. Maury, Louis Ritchie, W. H. G. Newman, Armistead Peter, H. B. Trist, Aaron Miller, and George R. Miller.

The undersigned report favorably upon the credentials of, and recommend that seats be granted to the following named gentlemen, delegates representing the various societies and medical institutions of the District, viz:

From the Alumni Society, Georgetown College—W. Evans, E. McNally, F. O. St. Clair, G. A. Fitch, R. S. L. Walsh, Charles Allen.

Columbia Hospital, Washington, D. C.—J. H. Thompson.

Georgetown College, D. C.—Johnson Elliott, Noble Young.

Section of Medicine and Hygiene, American Academy of Literature, Science, and Art—W. D. Stewart, D. W. Bliss, T. B. Hood, G. T. Johnson.

Small-pox Hospital, D. C.—A. T. Augusta.

Washington Asylum—S. H. McKim.

Freedmen's Hospital— Charles B. Purvis, B. G. Glennan.

Howard University Medical College, D. C.—S. L. Loomis, R. Reyburn.

National Medical Society, Washington, D. C.—H. W. Sawtelle, A. W. Tucker, J. E. Mason.

Clinopathological Society—H. A. Robbins, O. M. Muncaster.

National Medical College, D. C.— A. Y. P. Garnett, J. F. Thompson.

Providence Hospital, D.C.–G. M. Dove, C. M. Ford.

The undersigned in conclusion respectfully protests against the arbitrary and illegal conduct of the majority of the members comprising the Committee on Credentials in refusing credentials to delegates from medical institutions which have been heretofore represented in the American Medical Association, and apparently objecting to them solely on partisan and political grounds.

ROBERT REYBURN, M. D.

Member of Committee on Credentials, American Medical Association.

THIRD DAY—THURSDAY, MAY 5th.

The association was called to order at 9.30 A. M., President Mendenhall in the chair; William B Atkinson, secretary. The reading of the minutes were, on motion, dispensed with.

Dr. Antisell then read the names of a number of gentlemen who were admitted as members on invitation.

Dr. Sayre asked that a committee be appointed to examine the charges circulated against him through the country. He requested that a special committee be appointed to report on the matter at this session.

Dr.——said that there being a difficulty between Drs. Sayre and Ruppaner he objected to any committee being appointed, because the other party was absent.

Dr. Murphy, of Ohio, moved that the whole matter be referred back to the society at New York.

Dr. Sayre said it was due to the Association that these charges be looked into.

Dr. Murphy said that the reputation of Dr. Sayre was not damaged in this society, and he therefore insisted on his motion.

Dr. Keller, of Kentucky, reported on the part of the Committee on Ethics that that committee had been forced by the press of work to return the papers in the case of Dr. Sayre for the further consideration of the Association.

Dr. Maddox moved that the whole matter be laid on the table. It was so ordered.

Dr. Yandell then moved that the delegate that had been sent as a representative to the British Medical Association be heard.

Dr. Pinkney, United States navy, representative of the American Association in England, made a long and interesting report of his visit and observations to the medical schools of Britain. The report was listened to with much attention throughout.

A vote of thanks was tendered Dr. PINKNEY, and the report referred to the Committee on Publication.

Dr. F. G. SMITH, of Pennsylvania, chairman of the Committee on Nomenclature, submitted a report of the names of diseases, accompanied by a resolution recommending the adoption of the nomenclature of diseases prepared by the Royal College of Physicians at London.

Dr. UNDERHILL, of New York, also read a paper on the same subject, which was laid on the table.

The resolution recommended by the committee was discussed at some length by Drs. MCDANIELS, of Alabama, LOGAN, of Louisiana, and others, who all held that revision of the nosological tables now in use was imperative.

The report, with resolution as recommended, was adopted.

Dr. C. C. COX offered a resolution, which was adopted, for the appointment of a special committee to wait upon the Surgeon-General of the United States, and to request the privilege of duplicating the photo-microscopic slides of the tissues, so admirably executed by the indefatigable industry and skill of Surgeon J. J. Woodward, to be prepared under the direction of said committee, and distributed at a fair price to such medical colleges and institutions as may desire their use.

Dr. BEMISS, of Louisiana, from the Committee on Nominations, reported the additional standing committees for the ensuing year, which report was adopted.

Dr. Antisell offered a resolution of thanks to the Surgeon-General, United States army, for the beautiful and instructive exhibition of last evening, and recommending Dr. Woodward and Dr. Otis to the consideration of the Secretary of War as worthy of promotion for their efforts to advance medical education in the military service.

Dr. C. C. Cox then offered a resolution of condolence with the family of the late Alden March, of New York, and that a copy of the same be sent to Dr. Alden March's bereaved family. The resolution was concurred in.

Dr. Stine, of New York, introduced a resolution recommending the establishment of veterinary schools in the several States, and recommending the State Legislature to make appropriations for their support. Adopted.

Also, that one or more veterinary surgeons be associated with other physicians in the boards of health when they are appointed by the Governors. Lost.

Also, that veterinary surgeons be appointed to the army with the rank of full surgeons, and also in the Agricultural Department.

Dr. Otis moved as a substitute that the first clause relating to appointments of veterinary surgeons to the United States army be stricken out, and that the Government appoint a veterinary surgeon to the Agricultural Department, with a suitable salary. Adopted.

The hour for special business having arrived—

Dr. Storer, of Boston, moved, upon behalf of the Gynæcological Society of that city, that the action of the Association in 1869, condemnatory of cards by specialists in journals of a strictly medical character, should be rescinded upon the ground of abstract right and long custom with reference to the insertion of such cards. Tabled.

A resolution was offered that a committee of three be appointed to wait upon Congress and request them to regulate the quarantine laws. Adopted.

The report from the delegate to the Canadian Medical Association was received and referred to the Committee on Publication.

Dr. Stewart, District of Columbia, offered a resolution that gentlemen not members of the Associa-

tion were not eligible to serve on its committees. Tabled.

A resolution was offered regulating the duties of superintendents of hospitals. Adopted.

A resolution was offered that as certain so-called medical works had been published which were injurious to the reputation of the profession,

Resolved, That any person signing his name as author of such work shall be refused membership in this association. Adopted.

Dr. Toner, of the District of Columbia submitted, a tabular statement, giving the representation in the American Medical Association since its formation, from the various societies and institutions, etc., throughout the country entitled to such representation, embracing much valuable and interesting information, which, after being read, was referred for publication.

It was resolved that at the future meetings of the Association a dinner should be given on the third day of the convention, at the expense of the members eating the dinner.

Dr. Mussey, of Ohio, offered the following:

Resolved, That that clause in the by-laws which provides that every alternate meeting of the Association be held at Washington be repealed, and that in the future the place of meeting should be determined at each session of the Association.

The resolution was concurred in.

Dr. Curwen, of Pennsylvania, then read an interesting report on the treatment of the insane, which was received and referred to the Committee on Publication.

Dr. White, of Buffalo, offered a resolution recommending to the several medical schools of the country the establishing of chairs of Psychology, for the treatment of mental diseases. Adopted.

The Committee on Prize Essays submitted a report, which was adopted.

A resolution was offered that a committee be appointed to report what, if any, legislative means could be taken to prevent the spread of epidemic diseases? Adopted.

Dr. C. C. Cox inquired if the Committee on Ethics would make any further report on the weighty matters before them.

Dr. Antisell called attention to a paragraph from the *Chronicle* of yesterday morning, charging the Committee of arrangements with certain actions that should be denounced by the Association. He denied the charges and asked the Association to sustain the committee in its actions.

On motion, it was decided to postpone the further consideration of the subject until after the report of the Committee on Ethics had been received.

Dr. N. S. Davis, of Illinois, then submitted, on behalf of the majority of the Committee on Ethics, the following

REPORT.

It appears that the matters reported to your Committee of Registration, and so much of the action of the majority of same committee as relates to the same subjects, embraces the three following subjects:

First. A charge that the majority of the Registration Committee had refused to register the delegates presenting credentials from several societies, colleges, and hospitals in the District of Columbia which claimed the right to representation.

Second. Direct charges against the Washington Society and the Medical Association of the District of Columbia, accompanied by a protest against the admission of delegates from those bodies.

Third. Direct charges, which had been lodged with the Committee of Registration, against the National Medical Association of the District of Columbia, accompanied by a protest against the registration of delegates from that society and from such other institutions as were supplied with medical officers who were members of that society.

In regard to the first charge, your committee find on investigation that the Registration Committee have duly registered all the delegates from all the medical institutions claiming representation in the District of Columbia in accordance with the usages and by-laws of the Association, except the Medical Society of the Alumni of Georgetown College, the National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital, these being the institutions included in the charges already mentioned in the third specification.

It remains, therefore, only to consider the second and third specifications, and your committee ask leave to report on these separately. In relation to the second we unanimously recommend the following resolution:

Resolved, That the charges offered by Dr. Reyburn, as a minority of the Committee on Registration, against the Medical Society and the Medical Association of the District of Columbia, are not of a nature to require the action of the American Medical Association, the first charge referring to a duty imposed on the society by an act of Congress, and the second referring to a matter which does not come in conflict with any part of the code of ethics.

Resolved, That so far as relates to the Medical Society of the Alumni of Georgetown College, it has been shown to us that the society has sixty resident members, and is therefore entitled to six delegates instead of as requested by the committee.

In regard to the third proposition relating to the National Medical Society, Howard University Medical College, the Freedmen's Hospital, and the Small-pox Hospital, we recommend the following:

Resolved, That the duties of the Committee of Arrangements, so far as relates to the registration of members is purely clerical, consisting in the verification of the certificates of delegates and a report on the same. If credentials in proper form are presented from any society or institution professing such few as would place it *prima facie* in the list of institutions enumerated in the constitution of the Association as entitled to representation, but against which charges have been made or protests presented, the names of the delegates presenting

such credentials, together with the charges or protests in the possession of the committee, should be represented to the Association for its action.

Resolved, That the charges lodged with the committee of arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no member of the society should be received as delegates at the present meeting of this Association.

N. S. DAVIS,
H. F. ASKEW,
J. M. KELLER.

Dr. Alfred Stillé, of Pennsylvania, then submitted the following as a

MINORITY REPORT.

The undersigned, members of the Committee on Ethics, while subscribing to the greater portion of the report of the majority, feel it their duty nevertheless to dissent from the final resolution recommending the exclusion of the members of the National Medical Society of the District of Columbia from the present meeting of this Association; they offer, therefore, in lieu of that resolution the following:

WHEREAS, The institutions excluded from representation by the action of the Committee on Credentials, viz: The National Medical Society, the Howard Medical College, the Freedmen's Hospital, and the Small-pox Hospital are regularly organized as the constitution of the Association requires; *and whereas*, the physicians so excluded are qualified practitioners of medicine who have complied with all the conditions of membership imposed by the Association; *and whereas*, in the judgment of the undersigned no sufficient ground exists for the exclusion of such institutions and physicians from this Association; therefore,

Resolved, That the institutions above named are entitled to representation, and that the physicians claiming to represent them are entitled to seats in the American Medical Association.

ALFRED STILLÉ,
J. J. WOODWARD.

Motions were made to accept and reject the different reports, when, amid the greatest excitement, the yeas and nays were called for.

Dr. Howard, of the District of Columbia, asked who of the District were entitled to vote.

The Chair then decided that those gentlemen were entitled to vote who had been unanimously admitted by the Committee on Ethics.

Dr. Cox endeavored to speak but, amid cries of "Sit down," was forced to desist.

An appeal was taken from the decision of the Chair, which was not sustained, the vote being 115 for and 90 agaist.

The secretary began to call the roll upon the question of laying the minority report upon the table about 1.30 and continued until 2 o'clock, when the secretary announced the vote—yeas 107, nays 85. The minority report was accordingly tabled.

The greatest excitement prevailed throughout the calling of the names.

A motion was made to adopt the majority report.

Dr. C. C. Cox, of Maryland, then addressed the Association, protesting against its action in rejecting the minority report, and gave a brief history of the origin of the differences of opinion now existing among the several societies of the city. Dr. Cox, during his address, was frequently called to order.

The question on the adoption of the majority report was then called, but it was thought to be unnecessary, as the rejection of the minority report adopted it.

In the evening the Association visited the Capitol for the purpose of seeing the dome lighted. Association *en masse*, then called upon Mayor Bowen, filling the entire house to such an extent that anything more than a formal reception was impossible. The evening, however, passed off very pleasantly.

FOURTH DAY—FRIDAY, MAY 6.

The Association assembled at 9½ o'clock, Professor Geo. Mendenhall in the chair, and Dr. W. B. Atkinson, secretary.

A resolution was offered by Dr. J. J. Woodward, United States army, that the Surgeon-General be requested to authorize Dr. Woodward to make copies of his photo-microscopic slides, to be distributed at a fair price to such medical colleges and institutions as may desire their use. Adopted.

The Committee on Ethics reported favorably on the credentials of the delegates from the Women's Medical College and Women's Hospital, Philadelphia.

Drs. Hartshorn, Bell, Davis, Maddux, and Cohen participated in the debate, after which the matter was indefinitely postponed.

Dr. Palmer, of Maine, offered a resolution of inquiry as to why the Howard Medical College had been excluded from admission in this Association, stating that the institution had been chartered by special act of Congress, and was recognized all over the country as a first-class college.

A discussion took place on the adoption of the resolution.

Dr. N. S. Davis, of Illinois, said if the resolution was withdrawn he, as chairman of the Committee on Ethics, would give his reasons in writing why the institution was excluded.

The resolution was withdrawn.

Dr. R. J. O'Sullivan, of New York, then offered the following:

Whereas apothecaries are accustomed to renew medicines prescribed by physicians without due authority from the physician, thereby doing much injury to patients, and by which many lives have been destroyed; and as apothecaries are unwilling to discontinue the practice except by a general action: therefore

Resolved, That this Association take such action as will bring about the discontinuance of the practice.

Referred to a special committee, consisting of Dr. O'Sullivan, Chairman; Garrish, of New York, Moore of Missouri, Thror of Massachusetts, and Charles Woodward of Ohio.

A protest against the adoption of Dr. Pinkney's report of the medical corps of the navy was submitted, by Dr. P. S. Wales, U. S. N. and after some debate was laid on the table, and the whole subject referred to a committee of three, to report at the next meeting of the Association.

The Committee on Ethics made reports on several cases relating to charges against individuals and colleges in the different States, and they were referred to appropriate committees.

Dr. Hartshorn, of Philadelphia, offered a resolution that the constitution be so amended as not to exclude women from membership of this Association. Laid on the table.

Dr. Powell, of Atlanta, Ga., offered a resolution that the Association do not recognize any college or institution against which charges are pending.

It was opposed by Dr. Reyburn, of the District of Columbia, and advocated by Dr. Powell, after which it was laid over, under the rules.

Dr. Lee offered a paper on insane institutions; which was referred to the Committee on Publication.

A paper on epidemic diseases was read and referred.

A vote of thanks was tendered to Mayor Bowen for entertaining the Association at his residence on Wednesday night.

A motion was made that the next meeting of the Association be held in San Francisco, California.

A resolution declaring Dr. Horace Wells, of Boston, to be the discoverer of anæsthesia, was adopted.

A resolution of thanks was tendered to Dr. Mendenhall for the able manner in which he has presided over the deliberations of the Association.

Dr. John Sullivan, of Massachusetts, offered the following:

Resolved, That no distinction of race or color shall exclude persons claiming admission to this Association who are duly accredited thereto.

During its reading the speaker was met with a storm of hisses, which compelled him to stop. Cries of "go on," "go on," were heard, and he said he would do so when the serpents became quiet. He then finished its reading, and was allowed to speak seven minutes.

During the delivery of the above speech, great confusion reigned, and had it not been for the persistent efforts of Dr. Yandell, of Louisville, Kentucky, at one time surgeon-in-chief of Gen. Kirby Smith's army, Dr. S. would not have been able to have concluded his remarks. During their delivery Dr. Yandell appealed to the sense of the convention to allow him to proceed, stating that he was a Southern representative, but that he desired fair play, and trusted that Dr. Sullivan would be heard.

Upon the conclusion of Dr. Sullivan's remarks, Dr. N. S. Davis, of Chicago, read the following

REPORT OF THE COMMITTEE ON ETHICS.

In reply to the resolution of the Association calling upon the majority of the Committee on Ethics for the reason why they in their report exclude the delegates from the Medical Department of Howard University, they respectfully state that there is nothing in the report which directly excludes delegates from the said University or any other medical institution in the District of Columbia, except the National Medical Society.

The resolution on this subject, reported by the committee, is in these words.

Resolved, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no members of that society should be received as delegates at the present meeting of the Association."

It will be seen that the only parties excluded from admission as delegates at the present meeting are the members of the National Medical Society. If the Medical Department of Howard University had chosen to send any delegates who are not members of that society there is nothing whatever in the report to prevent them from being received.

In the papers referred to your Committee on Ethics were a list of charges with specifications in the usual form against the registration of the National Medical Society. These charges may be clearly stated as follows:

1. That said National Medical Society recognizes and receives as members medical men who are not licentiates, and who are acting in open violation of sections 3, 4, and 5 of the law of Congress constituting the charter of the Medical Society of the District of Columbia.

2. That a large part of the members of the National Medical Society are also members of the National Medical Association of the District of Columbia, and are openly and freely violating the rules and ethics of the association to which they have subscribed.

3. That they have both in its capacity as a society, and by its individual members, misrepresented the action of the Medical Society and the Medical Association of the District of Columbia, and used unfair and dishonorable means to procure the destruction of the same, by inducing Congress to abrogate their charter.

Each and all of these charges were, in the opinion of the majority of your committee, fully proved by the members of the National Medical Society themselves, who appeared voluntarily before your committee as witnesses. Therefore, if we have any regard to the maintenance of the laws of the land or the ethics of our medical organization, the undersigned could not come to any other conclusion than was expressed in the last resolution recommended by the majority of the Committee on Ethics.

At the conclusion of its reading Dr. Reyburn rose to reply, when he was called to order as not being a member. He was, however, permitted to speak five minutes. He said he never had violated the code of ethics, and when the colored men applied for admittance to the college to which he belonged, he offered a resolution providing for

their admission. He did not think they should be excluded on account of color.

His resolution was not received, and he withdrew from the Society, and was one of the leading members in organizing the National Medical Society. If this was a violation of ethics, then he had violated the code. He was placed as Chairman of the Committee on Credentials last year at New Orleans, and when he was prepared to make his report at this session he was most shamefully treated by the Committee of Arrangements.

Dr. Antisell disclaimed the assertion made by Dr. Reyburn, that he had been treated shamefully.

Dr. Loomis, of the District of Columbia, said he was a member of the faculty of Medicine of Howard University, and he could see no reason why he was excluded. He then offered a resolution to the effect that members of the Committee on Ethics who signed the majority report be censured for so doing.

The resolution was laid on the table.

Dr. Johnson, of the District of Columbia, President of the Medical Society of the District of Columbia, then proceeded to give a detailed history of the difficulties existing in the local societies. He also stated that Dr. D. W. Bliss had violated the rules of ethics by having his name printed on a bill of fare at Willard's Hotel.

Dr. Bliss denied its having been placed there with his knowledge.

Drs. Johnson, Busey, and Marbury sustained the charge by statements.

After which Dr. Busey replied to certain statements of Dr. Johnson, and read the sixteenth rule of the Code of Ethics, showing that the code had been violated in the attempt to force the colored man upon the society. This was what had caused all the trouble. Dr. Borrows had been instrumental in bringing about the color difficulty. He denied that politics was the cause of the difficulty, as had been stated by Dr. Cox.

The vote was then taken on Dr. Sullivan's resolution, and it was tabled by a vote of 106 yeas to 60 nays.

Dr. H. R. Storer, of Boston, offered the following:

That, inasmuch as it has been distinctly stated and proved that the consideration of race and color has had nothing whatever to do with the decision of the question of the reception of the Washington delegates, and inasmuch as charges have been made in open session to-day distinctly attaching the stigma of dishonor to parties implicated, which charges have not been even denied by them, though present, therefore,

Resolved, That the report of the majority of the Committee on Ethics be declared as to all intents and purposes unanimously adopted by the Association.

The resolution was adopted by a vote of 112 yeas to 37 nays.

The Association then adjourned *sine die*.

MEDICAL BOARD OF EASTERN DISPENSARY, NEW YORK.

STATED MEETING—APRIL 12TH, 1870.

DR. R. J. O'SULLIVAN, PRESIDENT, in the Chair.

DR. HENRY RAPHAEL read a paper on

Dry Catarrh of the Bronchi in Children,

as described by Prof. STEINER, of Prague. He illustrated the paper by one case of his own.

Dr. Steiner met with the disease most frequently among children living in dark, damp, illy-ventilated apartments. The symptoms, as he described them, are dyspnœa, resembling asthma; cough frequent, short, hacking, perfectly dry and whistling, recurring in paroxysms of from a few seconds to several minutes duration; entire absence of expectoration; the chest somewhat tympanitic on percussion; the breathing rough and vesicular, with dry rhonchi but no mucous rales. The temperature of the skin is normal, though the pulse often rises to 148 per minute. The disease is obstinate, running its course slowly, and accompanied with great emaciation. Convulsions and symptoms of hydrocephalus finally ensue, and death almost invariably follows. The autopsy discloses great swelling of the mucous lining of the bronchi, and, more or less, emphysema. The indications of treatment are to palliate the cough and dyspnœa, to establish the secretions and to remove the swelling of the bronchial mucous membrane. Narcotics are relied upon to control the cough. The secretions are promoted by alkalies, especially in the form of mineral waters. Counter-irritants and cod-liver oil are found useful in removing the thickening of the mucous membrane of the bronchi.

In the discussion which followed the reading of this paper, Dr. O'Sullivan, in reply to an inquiry as to what the proper name of this disease should be, remarked that the best authorities were agreed that its true name was bronchitis. Its name, however, is of secondary importance. He regretted that Dr. Steiner had not been more explicit in his description of the part of the membrane affected, as the symptoms he described were, in his opinion, applicable to a more advanced stage of the disease, where the complications referred to may supervene. As to the existence of emphysema and tympanitic resonance he had never observed them when the congestion was confined merely to the upper portion of the tubes. Here the resonance scarcely varies from that of the normal standard, and emphysema does not supervene unless the congestion extends by contiguity to the lower branches of the bronchi, and has continued for some time. Aside from the complications referred to, the inquiry seems pertinent as to whether we have a distinct disease or merely a stage of the disease. This should be determined at the outset, as it has an important bearing on the

treatment. If the inflammation is located in the upper portion of the tubes, which the physical signs as described by the author seem to indicate, very little if any febrile action. Congestions of this portion of the mucous membrane are usually of very brief duration. This may be seen, for example, in the Schneiderian membrane where irritation and swelling is rapidly followed by free exudation. The same result takes place when the congestion extends to the upper portion of the bronchi. The most serious as well as the most frequent complications are laryngitis and meningitis.

Among the exciting causes may be mentioned the overcrowded and imperfectly ventilated apartments of the poorer classes, which are likewise either excessively hot or cold. Climatic causes should also be considered. Easterly winds, with a moist atmosphere, are frequently the cause of irritation and congestion of the air passages. Simple expectorants will generally suffice for the treatment of cases in which the larger tubes are involved, but when the disease has reached the finer branches, or, in other words has assumed the form technically known as capillary bronchitis, both the rational and physical signs indicate very grave constitutional disturbance. The practice of leeching children in cases of this kind cannot be too strongly discountenanced. When depletory treatment of this character is resorted to, the patient is quite as likely to be destroyed by it as by the disease itself. He could say with a clear conscience that he had never leeched or blistered his little patients. The oil-silk jacket and poultice, combined with a decided sustaining treatment, had produced in his hands the very best results, and especially had this been the case when meningeal congestion had threatened.

Dr. H. L. B. Hartt next read a paper on Albuminuria, which mainly comprised the history of several cases which had come under his own observation. After some general preliminary remarks, the history of the following cases was given at length:

Case I.—Edward G., aged 38. Was first seen on Friday, Dec. 10th, 1869. He was suffering from a series of severe uræmic convulsions which had commenced the night before. He had considered himself in comparative health until within three weeks of the above date, when he was obliged to discontinue work on account of severe persistent pains in the head. There was also slight œdema of the lower extremities; the pulse was 140. A convulsion occurred while the doctor was present. Ordered leeches to the temples, elaterium and active diuretics. Dec. 11th, consciousness slowly returning; bromide of potassium ordered. Dec. 12th, consciousness restored; his memory is very much impaired; recent events entirely forgotten; the urinary secretion very scanty. About this time an effusion into the left pleural cavity occurred, causing complete dullness on percussion, much dyspnœa, and preventing the patient from lying on either side; persistent vomiting ensued with nearly total suppression of urine; there was no return of coma or convultions; death by asthenia on the 24th. This is somewhat exceptional in cases in which coma and convulstons have existed. Unfortunately a post-mortem examination was not obtained. The symptoms, however—coma and convulsions with scarcely any œdema; the occurrence of pleurisy and the persistent vomiting—point to the contracted kidney as the particular form of Bright's disease existing in this case.

Case II.—L. W., aged 16. This patient was under treatment for diphtheria from the 10th to the 18th of November, 1869. It was of a mild form, and recovery was complete. About three weeks afterwards the patient's mother noticed a slight swelling of the eyelids, which led to the suspicion of acute desquamative nephritis. Shortly afterwards a microscopical examination showed epithelial and granular casts. The urine contained an immense quantity of albumen. The daily amount of urine averaged about 24 ounces. Vomiting was an occasional symptom. At times the quantity of urine excreted in 24 hours fell to eight or twelve ounces. There was slight œdema of the face and lower extremities throughout, while the quantity of albumen was large. This is somewhat unusual, the amount of dropsical effusion being generally somewhat proportional to the amount of albumen. The pulse ranged from 90 to 100. Feb. 1st, condition nearly the same as on Dec. 15th. The treatment was chiefly tonics, diretics, counter-irritation, especially over the right kidney, where there was decided tenderness on pressure. Feb. 8th, there was a severe attack of vomiting, accompanied with a pulse of 130, which remained at that point for several hours, while the urine, hitherto scanty, was found to be nearly solid with albumen. The patient is still (April 15th) in nearly the same condition, the œdema somewhat increased. The attack of diphtheria and the sudden onset of symptoms pointing to the kidney, inspired at first the hope that the disease was acute, and would yield in a few weeks. This hope was strengthened by the smoky appearance of the urine showing the presence of blood. The small amount of œdema, however, together with the persistence of the disease and the existence of granular casts, make it extremely probable, at least, that the degenerative changes took place at an early stage. This is probably one of those cases in which the acute passes into the chronic form, or rather, where the latter is developed from the irritation produced by the diphtheritic poison. The grandparents of the patient, on the mother's side, both died of tuberculosis, as also several uncles and aunts. A sister died of Bright's disease at the age of 20. There is strong reason to

believe that a brother died from it also, but the urine was not examined, the physician not suspecting the disease.

CASE III.—Thomas P., aged 9. This was a common case of nephritis following scarlatina. The same form of casts were observed as in the last case, viz: granular and epithelial. They were both under observation at the same time. This child is not quite well.

CASE IV.—Thomas D., aged 4. First saw this child Jan. 3rd, 1870. Suffering from a convulsion; had a similar one a few hours before. He had eaten a large quantity of fruit cake on New Year's day. The first attack was preceded by slight fever and vomiting; gave a warm mustard bath and a purgative, and hoped to find him well on the next day. Instead, however, the head symptoms continued—drowsiness, restlessness, with a pulse of 130. Notwithstanding active treatment, the child passed into a semi-comatose condition, and on the fifth of June a consultation was held. The pulse had then fallen to 84; skin cool; very restless; tossing the arms; noticing nothing, and refusing to be aroused; the pupils contracting under the influence of light and expanding again without the stimulus being removed. The symptoms were bilateral. There was no paralysis. This condition indicating a general brain poisoning or irritation, and not a meningeal extravasation or effusion, it was decided to examine the urine; it was decidedly albuminous; ordered 1-12 gr. elaterium every hour until free purging was produced, and ten grains of bromide of potassium every two hours until the child was quieted, and afterwards half doses. The next day found the child quiet; consciousness slowly returning; protruded the tongue when ordered to do so. Prescribed potass. acet. and a hot air bath. 9th.—Spoke for the first time; urine nearly free from albumen. 10th.—Nearly well. In all probability this child would have died had the true nature of the disease not been discovered. It strikingly illustrates the importance of an examination of the urine in many cases of convulsions in which there are no other obvious symptoms of kidney disease.

CASE V.—Eliza C., aged 37, married. Saw her on the 10th of January, 1870; she was suffering from very great dyspnœa. There was excessive œdema of the lower extremities. Pulse, 120, and irregular. Auscultation showed a loud mitral regurgitant murmur. There was infiltration of the left lung. She was confined in August last with a still-born child. Since the middle of the eighth month of utero-gestation she has been unable to lie down; has suffered much from dyspnœa on the slightest exertion; has been almost constantly under medical treatment for bronchitis. Ordered ¼ gr. of elaterium every hour until free purging is produced.

Jan. 11th.—Examination of urine shows a large quantity of albumen. Has taken five doses of elaterium (1¼grs.), producing very free watery discharges. During the week she took nearly 4 grains of elaterium, which produced about 23 quarts of liquid discharges. Is able to lie down for the first time for six months. Ordered infus. digitalis, ʒij., and syr. ferri iod., gtt. x., three times a day. Was remarkably relieved from palpitation after the first dose.

Jan. 13th.—Left arm enormously œdematous; right arm not affected.

Jan. 17th.—Quite comfortable; scarcely any albumen in urine.

March 3d.—Has been out several times. Does light work, as writing, sewing, ironing, &c.

March 19th.—Menses returned.

April 1st.—Took cold and had a slight return of former symptoms. She has taken altogether, since January 10th, between 6 and 7 grains of elaterium.

The various diseases involving degeneration of the substance of the kidney are no doubt often hereditary, perhaps nearly as frequently so, as tuberculosis. This hereditary tendency has been referred to in case No. II. It would be well to make inquiries in future cases with reference to this point. Nearly the same treatment should be resorted to in both these affections, viz: Tonics, preparations of iron, cod liver oil, and in many cases stimulants. While both diseases are in the strictest sense incurable, much may be done, especially if an early diagnosis is obtained, to prolong life and stay the progress of the malady. With regard to counter irritation, while it will not of course restore a fatty, or waxy, or contracted kidney, it will, if judiciously employed, do much good by relieving the frequent congestion or hyperæmia which aggravates the disease. Just as attacks of bronchitis occurring in cases of tuberculosis are corrected by it. Diuretics have always been employed whenever the urinary secretion was scanty, and have never seemed to irritate the diseased organs.

R. B. PRESCOTT, M. D., Asst. Sec.,
Med. Board of East. Disp.

MEDICAL SOCIETY OF THE EASTERN DISTRICT BROOKLYN.

LECTURE BY E. GROUX, M. D.,

A special meeting of this society was called on the evening of the 28th, ult., to listen to the interesting demonstrations and experiments of Eugene Groux M. D., in relation to the anatomy and physiology of the heart. Owing to the heavy storm occurring shortly before the appointed hour the attendance was comparatively small. The lecturer after alluding to the many conflicting opinions

which prevail with regard to the position of the heart and the cause of the cardiac sounds proceeded to demonstrate upon his own person what he believed to be the correct view in relation to these disputed points. By reason of his congenital fissure of the sternum he is admirably adapted to show by conclusive experiments the nature and action of cardiac locomotion. The first sound of the heart according to Groux is entirely due to muscular action, the second to the closure of the semilunar valves of the aorta and pulmonary artery. The movements of the auricles are synchronous. With regard to the vexed point of the nature of the pulsating tumor seen in the sternal fissure: the Dr. believes it to be the right auricle, differing from Virchow who regards it as the right ventricle.

Dr. Hartshorne, of your city, in a very elaborate article in the last number of the *American Journal*, sustains the opinion of Dr. Groux, and any one listening to the very lucid exposition, and witnessing the conclusive experiments of Groux himself, can hardly fail to be convinced of the truth of this view of the nature of the pulsatile tumor. It is now a number of years since the lecturer obtained his medical degree, since which time he has devoted himself to the study of the heart in health and disease, in which branch he has arrived at a marvelous degree of accuracy with regard to diagnosis and prognosis. During these years he has accumulated an immense mass of material bearing upon this specialty in which due time may appear in book form. We regret to be unable to give you any detailed report of the lecture, confessing that our eyes were so busy in following the interesting experiments of the lecturer, that we could not even take down the outlines of his equally interesting remarks. The mere mention of the meeting may perhaps be of interest to your readers and the profession at large. M.

Editorial Department.

Periscope.

Cauterization of the Uterus.

Dr. Wm. A. Gillespie, of Louisa Court House, Va., writes to the October (28th) number of the Boston *Medical and Surgical Journal*, as follows: Much has been said about the difficulties and different plans of cauterizing the internal surface of the *cervix uteri* and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am therefore prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly in a large number of cases, with the happiest results.

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver, which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through the cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hands has done more good in as short a time, in chronic inflammation, engorgement, enlargement, or ulceration of the *os* and *cervix uteri*, and I have never known any unpleasant results from it.

New Staphyloraphic Needle.

Dr. J. T. Matthias, of Vincennes, Ind., has devised the following staphyloraphic needle, which seems well adapted to answer the purpose.

It is a curved canulated needle, as represented in the figure, the curve being an arc of 70°, whose radius is ¾ of an inch.

The point and edges of the needle are formed by a bevel at the expense of the concavity of the curve. Through the canula passes a fine steel spring, whose proximal end is fastened, by means of a thumb screw, to a slide which moves upon the uncanulated portion of the needle, which extends from the proximal end of the canula to the distal end of the handle.

The distal end of the spring, corresponding with the point of the needle, terminates in a small hook, which rests in a little receptacle in the end of the canula, except when it is protruded for the purpose of receiving the suture.

The mode of using the needle is very simple. Having pared the edges of the fissure in the usual manner, and the muscles of the pharynx having been treated as the surgeon may desire, he is to take the following very simple steps:

1st. Commencing at the top of the fissure, and on the left side, pass the needle through the lip of the fissure from before backward.

2d. With the thumb upon the slide, protrude the spring, which recurves and passes forward through

the fissure, and exposes the little hook on its end to the plain view of the surgeon.

3d. Arm the hook by means of a loop formed at the end of the suture (silk) taken in a pair of forceps, and then thrown over the hook on the end of the spring.

2th. By means of the slide, retract the hook holding the loop of suture, to its position in the little receptacle in the end of the canula.

5th. Withdraw the needle from the palate and from the mouth, and leave both ends of the suture hanging out of the mouth.

The deposition of the suture on the left side is now complete.

The steps for the right side are the same as for the left, using the precaution not to form the loop on the same end of the suture for both sides of the fissure.

The main advantage gained by the needle here presented is the much easier location of the suture in the second lip of the fissure, at the same time preserving the same level for both ends of the suture because the needle is passed from before backward, giving the surgeon an opportunity to see the exact position of the point as it enters the palate. This can be done with no needle which is armed before its introduction, without twisting the lip of the fissure out of its natural position.

After having placed the several sutures in *situ*, if the surgeon prefer the silver suture before the silk and perforated shot, he can, with a loop on the end of the silver wire, attached to the silk, draw it through, and thereby substitute the silver for the silk.

Retracted Nipple.

At a meeting of the Boston Obstetrical Society in October (reported in the Boston *Medical and Surgical Journal*) In answer to a question from Dr. Lyman, Dr. Reynolds said that with most nipples he thought the best way of "drawing the breast was to use Thier's pump; called the "té-t erelle Thier."

Dr. Abbot thought that a most important point in such procedures was to fit the nipple.

Dr. Putnam said that an instrument which alternately produced a vacuum and relaxed the nipple, was very successful.

Dr. Lyman described the manner in which the child's tongue "strips" the nipple between its tongue and upper jaw, as a milker strips the cow's udder with his fingers. He had observed the operation in the mouth of an infant with hare-lip. He also related the case of a woman whose nipple was so poorly developed as to be apparently on a level with the breast. After confinement the breast could not be evacuated; the consequence of which was an excessively troublesome abscess. In her next pregnancy the plan was adopted of breaking off the neck of an ordinary wine-bottle (with smooth lips), and binding it on to the breast in such a manner that the circular rim of glass pressed upon the areola around the base of the nipple. This was done for ten days preceding confinement, and the result was most satisfactory. Not only was a deep circular depression made around the nipple, but the latter became more elevated; and the success of the experiment was established by the ease with which the child when born accomplished the act of sucking.

Reviews and Book Notices.

NOTES ON BOOKS.

Orange Judd & Co., of New York, send us a little work that will be of interest to those of our readers who have farms, large or small, and who raise their own pork. Harris on the pig, by Joseph Harris, is an illustrated book of 250 pages, 12mo., well printed on good paper. Price $1.50. For sale by J. B. Lippincott & Co.

The Sixth Annual Report of the Board of State Charities of Massachusetts, makes a compact volume of 396 octavo pages, and bears most gratifying testimony to the philanthropic energy of the gentlemen who are on the Board. Their suggestions and comparisons on the distribution of the public funds to charitable objects are judicious aud instructive, and we hope other States will be equally forward in such good work.

The first number of the first volume of the Archives of Ophthalmology and Otology, edited by Professor A. Knapp, of New York, and Prof. S. Moos, of Heidelberg, (New York, W. Wood & Co.) contains a series of thoroughly worked up articles, which will be found well worth perusal by all who intend to keep themselves *au courant* of those departments of medicine.

We have received an anonymous pamphlet from Hartford, entitled: "Dr. Wells, the Discoverer of Anæsthesia," containing a well engraved portrait of Dr. Wells, and sixteen pages of text, vindicating his claims. A great deal of credit—though not quite that of discovering *anæsthesia*—is due Dr. Wells, and we are glad to see this appropriate tribute to his memory.

Allied to the same subject is a reprint from the *Medical Examiner* of Chicago, entitled "the relative dangers of anæsthesia by Chloroform and Ether,' from statistics of over two hundred thousand cases, by Prof. E. Andrews, of the Chicago Medical College. His results are most favorable to nitrous oxide, least to chloroform, in administering which there seems to have been about one death in 2750 administrations.

An article of great practical value on Spinal Irritation, by Prof. Wm. A. Hammond, M. D., has been reprinted from the *Journal of Psychological Medicine*, for April.

Dr. Geo. H. Lawrence, long known as the resident physician at the Hot Springs, Arkansas, is about publishing a work, entitled "A Treatise on the Waters of the Hot Springs of Arkansas, A guide for invalids." It will no doubt be an exhaustive work, as the author has had unequaled facilities for experience.

BOOK NOTICES.

Obstetric Operations, including the Treatment of Hemorrhage. By Robert Barnes, M. D., F. R. C. P., etc. With additions by Benjamin F. Dawson, M. D., etc., etc. New York. D. Appleton & Co. 1870. 1 vol., 8vo., cloth, pp. 483. For sale by Lindsay and Blakiston.

The reputation of Dr. Robert Barnes is so widespread as an expert obstetrician, that this work from his pen will be sure to find a favorable reception in this country. It is precisely such a reference book as the practitioner requires to refresh his memory on the various resources there are for relieving unnatural labors. It treats very fully of the forceps, the lever, version, cephalic and podalic, craniotomy, cæsarean section, induction of premature labor, uterine hemorrhage, placenta previa, and kindred subjects. The directions are lucid, and are illustrated by excellent engravings.

The work is edited from the London edition by Dr. Dawson, who sandwiches into the text scraps from lectures and American text books in no very skillful manner, places his own name on the title page with more titles appended than the author himself, and dedicates the whole to a friend! It is about time that such execrable taste be discountenanced in this country.

The publishers have done their portion of the work admirably.

A Practical Guide to the Study of Diseases of the Eye, their Medical and Surgical Treatment, by Henry S. Williams, A. M., M. D. Third Edition, revised and enlarged. Boston: Fields, Osgood & Co. For sale by Turner & Co. 1 vol., 12mo., cloth, pp. 422.

The third edition of this popular and convenient manual has been demanded not long subsequent to the second. The author has taken advantage of the intervening time to bring the work up to the present position of ophthalmological science. It may now be regarded as the most complete, handy, and reliable manual on the subject in the market. Its typographical appearance, binding, and paper, are all neat and praiseworthy.

A Phyician's Problems. By Charles Elam, M. D., M. R. C. P. Boston: Fields, Osgood & Co. 1869. 1 vol. 12mo. cloth, pp. 400.

It is an excellent sign when able physicians lay off for a while the harness of daily practice, and set themselves to apply their knowledge of man's nature to the solution of some of the great problems of history and sociology. This Doctor Elam has done in the work before us, and done it creditably. We might, indeed, have wished for more originality of execution, that is, that he would have written more and quoted less, but if he does not digest quite as thoroughly as we would desire, the material he has accumulated, he has certainly collated carefully.

The problems he investigates are: natural heritage, in which he takes strong grounds for the transmission of moral as well as physical qualities; degeneration in man, where he forcibly exhibits the causes of the degradation of the race; moral and criminal epidemics, a most suggestive study, body and mind; the demon of Socrates, in which he justly defends the sanity of this philosopher; the amulet of Pascal; somnambulism; revery and abstraction.

Dr. Elam's style is pleasing, and he has so chosen his topics that we venture to say there is no intelligent man that will not read at least one of his essays with deep interest. Physicians especially can derive real delight from them.

Transactions of the Medical Society of the State of New York for the year 1869, Albany, 1869.

As usual, these transactions come to us laden with a number of valuable original essays, highly creditable to the scientific activity of the profession in our sister State. Among them we may mention Dr. Robert Newman's Report on Consanguineous Marriages, the result of which we gave in a previous number of the Reporter; a well illustrated essay on Acupressure, by Dr. Joseph C. Hutchison; some cases showing the virtues of Apocynum Cannabinum in Dropsical Affections, by Dr. Harvey Jewett; articles on Trichinia Spiralis, by Dr. E. R. Hun, and on Glaucoma, by Henry D. Noyes, M. D.; some very entertaining sketches of Medical and Surgical experiences in Asia Minor, by Henry S. West, M. D.; remarks on the operation of external perineal urethrotomy, by J. W. S. Gouley, M. D.; on Placenta Prævia, by Dr. C. C. F. Gay; a chart showing the influence of impure air and overcrowding in New York, by Dr. Wm. Faulds Thoms; obstetrical statistics by several authors, and a number of obituary notices.

——Dr. Liebreich, the discoverer of chloral, says that chloral and strychnia are mutually opposed in therapeutic action, so that each neutralizes the poison of the other. Doses of chloral sufficient to kill a rabbit were cured by deadly doses of strychnia.

——Dr. Albert Day, Superintendent of the New York State Inebriate Asylum, resigned his position May 10th. Dr. Daniel G. Dodge of Clinton Co. has been appointed to the position.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MAY 21, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

UTILIZATION OF SEWERAGE.

In China and Japan where the population is dense, and every article must be economized in order to support it, excreta of all kinds are carefully preserved and employed in enriching the soil. In this respect those nations offer an example we well might imitate. We annually allow millions of dollars worth of valuable manure go to waste in our cities and large towns for want of proper industry directed to preserving and distributing it in country districts. Plans have been suggested by which the contents of the sewers could be directed to low lying districts, some miles in the country, but great practical difficulties are in the way. Then a number of plans have been recommended for disinfecting the sewerage, the best of which perhaps is the dry earth method.

There is another side to this subject, which comes nearer us as physicians. It is the influence which the present system of drainage and sewerage has on health. Unquestionably, the old plan of carting night soil through the streets, is quite certain to be at once unhealthy and offensive. Since this method has been disused in European cities, a decided improvement is visible in their sanitary condition. It is well known that the dejections in many diseases are peculiarly liable to convey the germ of infection, and hence the vast importance of the subject.

A writer in the Washington *Daily Evening Journal* calls attention to the serious neglect of precautions in this respect in that city; and although we are glad to believe that most other cities of equal size in this country are better off, yet we know there is abundant room for improvement in many of them.

UNIVERSITY OF PENNSYLVANIA.

The election of Dr. D. HAYES AGNEW to the chair of clinical surgery in this institution has been speedily followed by the creation of six clinical lectureships; the faculty and trustees seeming determined to afford students every possible facility. Clinics are now held daily at 12½ o'clock, as follows:

Monday—Physical Diagnosis, Dr. RHOADS.

Tuesday—Eye and Ear, Dr. STRAWBRIDGE.

Wednesday—General and Oral Surgery, Prof. AGNEW, Dr. GARRETSON.

Thursday—Eye and Ear, Dr. NORRIS.

Friday—Urinary Diseases, Dr. TYSON.

Saturday—Medical Clinic, Dr. PEPPER.

Clinical teaching is so markedly the developmental life of the medical student that we feel happy in being able to offer to the whole class our congratulations on the estalishment of such clinics as we well know these will be. Our readers should bear in mind the hour of their services and not neglect opportunities which may offer to visit them. Some of the gentlemen clinicians of this Board are, without doubt, among the most attractive and practical teachers in the city. As was remarked in the REPORTER of the 7th, we are particularly glad to see these evidences of fresh force and life in our oldest and most dignified of medical institutions, and we are sure the advantages will be appreciated by preceptors and students.

Survivors of the Battle of Lake Erie.

Dr. H. A. SPENCER, of Erie, Pa., writes: "Benj. Fleming, one of Commodore Perry's men, died in this city on Monday, May 9th, aged 88 years. He was buried May 14th, with military honors. The iron steamer "Michigan" was ordered here from Buffalo to partake in the funeral ceremonies. Mr. Fleming has resided in this city ever since the memorable battle. There is but one more of that heroic band left, Prof. W. T. Taliaferro, M. D., of Cincinnati, a celebrated medical man and a christian gentleman. Long may he live."

——In some of the cantons of Alsatia, it is next to impossible, says a French medical journal, to procure a wet-nurse for an infant whose mother has died in childbirth, the peasants believing that in such cases, for a certain time after death, the mother comes from her tomb at night to suckle her child!

Notes and Comments.

Vermont Medical Society.

The Secretary desires us to say to the many readers of the REPORTER in Vermont that the Vermont Medical Society holds its semi-annual session for this year at the city of Burlington, on the 7th and 8th days of June, prox. The session commences on Tuesday at 11 a. m., and closes on Wednesday afternoon.

The programme is as follows: *New Remedies*, Dr. L. C. Butler, of Essex; *Anæsthetics in Midwifery*, Dr. O. F. Fassett, of St. Albans; *Imperfections in present system of Medical Education*, Dr. C. S. Allen, of Rutland; *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro; *The Thermometer in Medical Practice*, Dr. G. B. Bullard, of St. Johnsbury; *Pathology of Fever*, Dr. E. E. Phelps, of Windsor.

Besides these papers there will be reports of cases in practice, a statistical dissertation on *Consumption in Vermont*, by Dr. Butler, and in the evening of Tuesday an address by Dr. Abraham Harding, of South Hero, Vice President of the Society, on *Improvements and Changes in the Science and Practice of Medicine.*

The members of the medical profession in the State are earnestly invited to attend the meeting, and contribute not only by their presence, but by their written reports of interesting cases in practice, and by participation in their discussion, to the interest of the session.

Return certificates over most of the rail roads of the State will be furnished by the Secretary to all those who attend.

Annual Meeting of the Medical Society of New Jersey.

The annual meeting of the Medical Society of New Jersey will be held in Taylor Hall Building at Trenton, on Tuesday and Wednesday, May 24th, and 25th, commencing at 7 o'clock, P. M., on Tuesday.

WM. PIERSON, JR.,
Recording Secretary.

Orange, N. J., April 29, 1869.

Correspondence.

DOMESTIC.

A Foreign Body in the Uterus.

EDS. MED. & SURG. REPORTER:

I was called April 9th, 1870, to see MRS. ——, a lady of medium size, dark complexion, age 33. She sustains a good character and is regarded as truthful. She has been married twice, and given birth to two children. She had been absent from her husband about six weeks, and it had been about eleven weeks since she had menstruated. During the past three years her health has been poor, being somewhat irregular; her menses appearing at three, four, and six weeks, and very painful. She was not certain whether she was pregnant or not. She was suffering pains, but not of an expulsive character. The os was dilated slightly, and I could detect what was supposed to be a fœtus, but, as the pains were slight, I gave her an anodyne powder and returned home, leaving instructions to call for me when needed. In about thirty-three hours I was summoned to see her again. I found her much the same as when I last saw her, except the os was more dilated. The pains were of no more expulsive character than at my last visit. By manipulation I succeeded in extracting what proved to be a piece of slippery elm bark, about 3 inches long, $\frac{1}{4}$ inch in thickness at the base, and running to a point like a wedge, in a good state of preservation, (presenting with the point at the os.) The os contracted, and I supposed all was right, but in about six hours she had slight pains, and expelled a mass of cotton, a rag, etc,. etc.; preservation was not so good. For several days she expelled small quantities of pus, but at this time is doing well. On interrogation as to how they came there, she said on the 9th day of August, 1865, she gave birth to a child weighing 15 lbs., followed by hemorrhage of a severe type. The physician in attendance (a professor in one of our medical colleges,) used the tampon, but could not retain it in position. He then told her he would brace the mouth of the womb together, and in so doing, stop the hemorrhage, and thereupon introduced the above articles.

He instructed her to let them alone as they would come away themselves. She has been afflicted since that time with what she denominated a jagging pain in the region of the ovaries. Coition was almost unendurable. She said she did not know the cause, but had noticed during menstruation for the last year or more, an unnatural and very unpleasant odor.

S. B. POTTER, M. D.
Fredericktown, Ohio.

News and Miscellany.

——Dr. Charles Jean Baptiste Come, one of the oldest medical journalists in France, died recently, at the age of 74 years. He was the founder of the *Abeille Medicale*, which still survives, of *l'Hygie* and of *l'Ane Savant*, both long since extinct. His life was one of turmoil and unrest.

——HERR REDIENBACHER, Professor of Chemistry in the University of Vienna, died a few days ago of apoplexy, at the age of sixty. He had been connected with the University since 1839.

——The apothecaries of Paris are greatly exercised because by a recent decree pharmaciens of the second class are allowed in Paris. Hitherto none but those of the first class were permitted to have stores inside the walls.

——There is in Paris an "association against the abuse (not *use*) of tobacco." Dr. J. Guérin, the distinguished Surgeon is president. They have published eight inquiries to be answered in 1871. One of them is: Are there assignable limits between the use and abuse of tobacco? Another: What is the influence of tobacco smoke on those who do not smoke? The comic paper *Figaro*, commenting on the association, says that no doubt tobacco is a slow poison—the very slowest in the world!

——Precautions are being taken to prevent the spread of cholera by the Mecha pilgrims. The Sultan has sent a commission to found a lazaretto near the straits of Bab-el-mandeb, under the care of a French physician. The cholera is already severe in Persia, and ships from Persian ports undergo ten days quarantine.

——Mother Saint Antoine, who for fifty-eight years has been in constant attendance on the patients in the Hotel Dieu, Paris, has died, aged 83 years.

——Dr. Morpain, of Paris, well-known for his researches in electro-therapeutics, and the French translator of Remak's work, is deceased.

——The rage for vaccination from the cow, which has been very actue in Paris for a few months, is rapidly decreasing.

——Dr. Winterbottom, an English Naval Surgeon, lately bequeathed $139,000 to found a school for the instruction of marines.

——Russia has sent out a numerous commission of savans to study the progress of science in all its branches throughout the civilized world. The medical body is well represented.

——Forty-four "physicians" pay tax in Atlanta, Georgia.

QUERIES AND REPLIES.

Spermatorrhœa.

MESSRS EDITORS:—I want to ask the readers of the REPORTER what to do with cases of spermatorrhœa? I do not mean ordinary ones—nightly emissions—but the real old aggravated ones occurring in hypochondriacal old bachelors?

For instance, I have a case—a man, æt. 37, nervous temperament; occupation, a druggist; thinks he has had spermatorrhœa for several years; has been under several plans of treatment from both regular physicians and quacks; has had his urethra cauterized with nitrate of silver according to Lallemand; has a peculiar propensity for reading medical literature; his chief complaint is now that the caustic was used too severely, and produced an ulcer or a number of ulcers that have never healed, and he is distracted to find something that will heal those ulcers, real or imaginary.

Any suggestion that there are no ulcers there he treats with contempt. He *knows* that there are ulcers there, and thinks the profession ought to know enough to heal them. If they were healed he would be all right. He wants to marry but knows he is not in a proper condition. I have endeavored to encourage him; have told him to let himself alone, to let medical works alone, and to let medicine alone; but all to no effect, "those ulcers must be healed." Now will any reader of the REPORTER who has had any experience in such cases, (and who has not?), tell me what can de done for this man? A. O. A.

May 9, 1870.

The U. S. Pharmacopœia.

Dr. S. R. K., of Md.—The last edition of the U. S. Dispensatory was published only a few months ago. The U. S. Pharmacopœia will be revised and re-edited during the current year.

Hypodermic Syringe.

Dr. J. W. T., of Ky.—A first class hypodermic syringe will cost you $5.00.

Dr. C. R. P.—The formula on p. 281, current volume of the REPORTER refers to the tincture of aconite *root*.

Infantile Gonorrhœa.

MESSRS. EDITORS:—I noticed in last copy of REPORTER, 30th of April, an account of gonorrhœa in child of 5 years. I have a case of the same kind in a child of 7 years of age. I could not find the account of the case referred to in Compend. vol. 5, would like to know how to treat it, and see if I am right. MAC.

The case referred to is in the HALF YEARLY COMPENDIUM, Part IV., p. 104.

MARRIED.

BIGELOW—HOUGHTON. In Guilford, Vt., April 27th, Geo. F. Bigelow, M. D., of Boston, and Miss Rebecca G. Houghton, of Guilford.

COLLINS—JONES. April 28th, in Philadelphia, by the Rev. J. J. Pomeroy, Brvt. Lt. Col. James Collins, M. D., and Miss Lizzie Jones, both of Philadelphia.

COTTRELL—WOLF. April 28th, by the Rev. Samuel Laird, W. P. Cottrell, of Columbia, Pa., and Miss Agnes M., eldest daughter of Dr. B. A. Wolf, of Birmingham, Penna.

JOHNSON—PARSONS. In Farmington. Me., by Rev. A. R. Sylvester, Ebenezer S. Johnson, M. D., and Miss Georgia Parsons, both of Farmington.

DIED.

BECKWITH. At Riverdale-on-Hudson, at the residence of his son-in-law, Henry F. Spaulding, on the 8th inst., John Beckwith, M. D., aged 85 years.

BLAKEMAN. In New York, May 11, Helen Rodgers, wife of Dr. William N. Blakeman.

BOBBS. In Indianapolis, Indiana, May 1st, Dr. J. S. Bobbs, a prominent and highly respected physician of that city, in the 61st year of his age.

HARVEY. In Peacham, Vt., March 27th, Dr. William Harvey, aged 37 years.

LEWIS. In Pittsburgh, May 7th, Robert T. Lewis, only son of Dr. D. W. Lewis, in the 22d year of his age.

METEOROLOGY.

MAY.	2,	3,	4,	5,	6,	7,	8.
Wind.....	N. E.	N. E.	W.	S. W.	S. W.	W.	E.
Weather.	Clear	Clear	Clear	Clear	Cl'dy	Clear	Cl'dy
		Sho'r			Sho'r		Sh.H.
					T. L.		Th.L.
Depth Rain		4-10			7-10		6-10
Thermom....							
Minimum..	48°	47°	50°	49°	47°	45°	52°
At 8, A. M.	60	55	63	54	57	64	55
At 12, M...	67	68	73	57	65	72	62
At 3, P. M.	68	69	75	58	65	72	60
Mean.....	60.75	59.75	65.25	58.50	54.50	63.25	57.25
Barometer..							
At 12, M...	30.2	30.1	29.8	30.1	29.9	29.6	29.6

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

WOUNDS OF THE SKULL.

By Philip S. Wales, M. D.,

U. S. Navy.

Continuing in anatomical order to consider wounds of the head, we are brought now to speak of those of a deeper part—the cranium, which are more serious than the preceding, not simply because the bone is injured or broken, for this is of little moment, in comparison to the injury of the substance and membranes of the brain which is implied in the force required to effect the fracture. These injuries have always been a favorite subject of discussion, and volumes have been written with the view of unraveling the intricacies by which they are surrounded; explaining the connection of the symptoms presented with the physical changes in the brain, and the relations of the latter with alterations induced by them in other parts of the system; and, lastly, in perfecting their diagnosis, and rendering their treatment rational and scientific. Notwithstanding these efforts, from the remotest history of medicine, little was accomplished until the first half of the eighteenth century, when Le Dran, in France, Percivall Pott, and Hey in England, established in a more correct and scientific manner the nature and treatment of these injuries. Pott particularly, in 1760 published a work in which he discussed wounds and contusions of the head, fractures of the skull, and concussion of the brain, with a clearness and accuracy surpassing his predecessors, from whose labors his keen pentration and correct judgment enabled him to cull all the valuable matter presented under the form of disjointed ideas, dim conceptions of the truth, and obscure suggestions, to appreciate their proper bearings; to combine them with his own experience; and, finally, of the whole to form such a truthful and thorough account of the subject, that subsequent workers in the same field have added little as yet to his observations.

Injuries of the skull are of frequent occurrence; and although its arched shape is wonderfully adapted to resist force applied to it, yet the delicacy of organization of the brain, and the impossibility from its position in contact with, and just beneath the calvaria, of escaping the shock communicated to the bone, render all such injuries even those of apparently trifling character, dangerous to life. It must be remembered, also, that an intimate vascular connexion subsists between the brain and dura mater within, and the pericranium and soft tissues without—the connecting vessels passing through the innumerable canaliculi with which the bone is penetrated. It is thus evident that though, in some cases, the injury inflicted may fall short of fracturing the skull, yet the brain may be seriously involved, either by concussion, or by rupturing its blood vessels, giving rise in the latter case, to compression from effused blood. Even should the injury not prove immediately dangerous in either of these ways, from the blow being of more moderate force, there may be produced, in the vascular connexion of the parts such a disturbance as to lead to inflammation of the membranes, and subsequent suppuration; the pus collecting either between the pericranium and skull; between the latter and the dura mater; or lastly, in the brain.

Fractures of the bones of the skull are more serious than contusions, only as they imply the infliction of greater force, or additional injury to the brain by the depressed or broken

bone. In the majority of cases fracture is produced by direct force, the brain yielding immediately beneath the bone. In some instances indirect force is the agent in inducing the fracture; as when a person falls from a height upon the top of the head, the whole weight of the body is brought to bear upon the skull, though the spinal column, the atlas is driven forcibly against the occiput, which yields either in its sutural connections or in its body; though in most cases of injury received in this way the fracture will not be confined to the occiput, but extend to the temporal and sphenoid bones.

The same result may follow, when the person, instead of coming upon his head, as in the previous instance, alights upon his feet or buttocks; then the direction of impact is reversed, the weight of the head comes upon the atlas with such force that fracture of the occipital is the result. Another rare manner in which the skull is broken, is known as *counter-stroke* or *contre-coup*, its mechanism is thus: a blow is received upon the cranial vault, which yielding to the force inflicted upon it escapes breakage and transmits the shock, until either a weaker spot is reached in the skull than the one first receiving the injury, or, the vibrations that have been dispersed over the skull meet at a point opposite and fracture results. Although as we have said above, that this form of fracture is rare, yet there are many well authenticated cases of its occurrence on record. It is observed most often following blows on the top of the head, the fracture occuring at the base of the skull; but it has also been seen in the parietal, occipital, and frontal from injuries inflicted upon the opposite side. This form of fracture, of course, is never found depressed. It has been asserted, as a general rule, that fractures at the base of the brain are the result of counter-stroke, and these of the vault of direct violence; though in certain cases of basal fractures, direct injury applied to the occipital or temporal bones has been the cause.

The possible occurrences of fracture in these unusual manners, it is important to bear in mind; but the surgeon will find in daily practice that what he is called upon most always to meet, in injuries of the skull, are fractures from direct violence. They will, of course, vary in character, according to the extent the bone is damaged; the manner the damage has been inflicted; and the complication of wounds of the soft parts.

There are cases in which the skull is very thin, almost without diplöe, and brittle; here a very slight blow will break it; in infants and children, the skull is thin, yielding, and elastic, so that, that form of injury known as depression without fracture is found in such subjects. In those tremendously thick skulls, sometimes seen among individuals of the negro race, the violence would have to be very great to cause it to yield at all.

Fracture of the skull presenting peculiarities as it does under the varying circumstances of its production requires that some classification should be adopted, both to assist us in the study and comprehension of the subject, and to facilitate the development and generalization of the indications of treatment.

The nature of the subject and the experience of surgeons seems to point to the following division as the most convenient and satisfactory one: 1st, Simple fracture without depression; 2d, Simple fracture with depression; 3d, Compound fracture with depression; 4th, Punctured fracture; 5th, Fracture of the external table alone; 6th, Fracture of the internal table alone.

I. SIMPLE FRACTURE WITHOUT DEPRESSION.

This is the simplest form of fractured skull we are called upon to deal with. It may exist as a mere crack without separation of its edges or as a fissure with some intervening space as if the vault had undergone a sort of expansion, the bones in both instances, however, preserve their natural level and the soft parts are not marred or broken, so as to present the seat of injury to view. The fissure may be short and confined to the body of one bone, or may run across any intervening suture, and involve two or more bones, and even separate a large segment of the skull; in other cases the line of separation corresponds with the place and direction of a suture, and thus far resembles a diastasis. Again in place of a single line of fracture, there may be several crossing each other irregularly, or meeting by their extremities in a common point, so as to appear rudely star-shaped. Fissures are usually the result of direct violence, but they also originate in counter-stroke.

Under the present heading come also those fractures at the base of the skull produced by *contre-coup*, which are never depressed as before remarked, but the bones are simply fissured, and sometimes, also, it is probable, without lacerating the dura mater, or the blood vessels

to any considerable extent; such cases may get well, but in others where the latter tissues do not escape being largely ruptured, a fatal termination is almost inevitable, either from effusion of blood upon the great centres of the nervous system at the base of the brain, or by subsequent inflammation and suppuration; it must be added, however, that there are specimens of such fractures to be found in our museums showing very considerable basal fractures, and the subjects lived for some time after the injuries. The force which produces this fatal form of fissure acts upon the base of the skull, through a blow or fall inflicted upon the top of the head, and as the parietal bone cannot spread by reason of the form of the squamous suture the shock is transmitted to the temporal bones which, however, do not yield, being so firmly supported by the adjacent articulations and buttressed by the zygomatic process, until the weaker portions of the base are reached. The intimate connection of the petrous process with the body of the sphenoid usually determines the course of the line of breakage across the posterior portion of the latter bone, though the separation may be at the sutures only. The same result may also ensue from the head, being violently jammed between two opposing objects, each bearing upon one of the temporal bones. We have already mentioned the two other ways this accident may happen by direct blows to the parts about the base of the skull, and by falls upon the vertex from a height, or by alighting upon the buttocks or feet.

Now, as to the symptoms indicative of simple fracture: when seated upon the vault of the cranium, and the scalp is untorn, there are none that will enable us to decide positively; and we cannot tell even when the case has progressed, for the same symptoms arising in injury to the brain and its membranes, may be present with or without fracture. If the scalp be torn, however, and the bone exposed, the fissure becomes either apparent to the eye at once, or may be made so with the point of the probe. It was in such cases, that the older surgeons, to effect this, as may be read in Celsus and Paré, advised the most absurd and injurious plan of scraping the bone and putting ink upon it, when a second scraping would remove all the ink except that portion of it filling the fissure and appearing now as a black line.

Fractures of the base of the skull present more definite symptoms, and we can pretty confidently decide such an injury to have happened if we find a person pitched from a height upon his head, having received a heavy blow upon the vault, or the cranium jammed between a wheel and wall, for instance, lying unconscious, with cold skin, deadly pallor of face, pulse almost imperceptible, and respiration feeble, bleeding from the ears, nose, and mouth, with ecchymosis of some part of the head, not the seat of the blow, and finally, the escape in most cases from the ear, but sometimes from the nose or wound of a serous fluid; the ecchymosis may occur in the posterior wall of the pharynx, in the eyelids and conjunctivæ or over the mastoid process.

These hemorrhagic effusions are not all of the same diagnostic value, for instance that from the nose, eye, and ear only become important when we can exclude other causes which may produce the same result equally with basal fracture. We can well understand that a severe blow on the head or great shock might lacerate the bloodvessels of the delicate mucous membrane lining the nose, eyelids, and tympanum, and thus give rise, without any break in the bone, to considerable hemorrhage; but on the other hand, if we find that the bleeding has eventuated without any blow being struck upon these organs, and the patient presents besides the symptoms already mentioned, of great injury to the nervous centres, then this fact becomes of great assistance in deciding the nature of the case. The blood escapes from the nose when any portion of the bone of the skull has been fractured which forms the upper and posterior boundaries of the nares; the blood is abundantly poured out from the lacerated vessels, and is one of the chief dangers of basal fracture in all cases, as it may overwhelm at once the great centres of nervous action at the base of the brain. Of more value, however, is the ecchymosis, beneath the conjunctivæ of the eyelids, particularly the lower one, and of the eyeball; the blood in this case issues from the cranial cavity through a fracture in the orbital processes, and fills the meshes of connective tissue around the globe of the eye, gradually making its way forward into the localities above mentioned beneath the conjunctiva. This sign becomes of positive value when we can exclude the effects of injury applied directly to the eye. The reason why effusion of blood into the posterior wall of the pharynx, first pointed out by Dolbeau, has not been more

often noted in injuries of this sort is that it is often concealed by the soft palate, and there is some little difficulty in making an exploration of the pharynx in patients deprived of consciousness. The anatomical fact of the basilar process, forming the roof of the pharynx accounts for the blood finding its way into this position, when the fracture runs through this portion of the occipital bone.

There is no doubt but that of all the signs of fracture seated at the base of the skull, enumerated in the foregoing pages, none merits the attention that attaches to the escape of a thin fluid from the ear some hours after the injury, first mixed with blood, but finally becoming clear and transparent. It is considered by some as pathognomonic of this special form of fracture, and has therefore attracted a large share of attention. Different opinions have been put forth as to its nature and source, thought at one time to be nothing but the liquor Cotunii of the labrynth continuously secreted after that cavity had been opened by a fissure through the petrous process; at another, it was regarded as the filtering of the serosity of the blood effused between the bone and the dura mater, or the draining from the open mouths of vessels upon the surface of the fracture; or again, from the cavity of the arachnoid. The truth was not, however, reached until its source was traced to the cephalo-spinal fluid, with which it is identical in composition, being clear, saline—containing twice as much salt as serum, and with but a trace of albumen, characters which preclude its being identified with the serum of the blood as was erroneously done by Laugier. The fluid is discharged in considerable quantity, sufficient to saturate the pillow, and in one case as much as ten or twelve ounces have been collected in a vessel placed for the purpose; it usually continues for several days and then ceases. Although commonly observed to come from the ear, and we can well understand why this should be so, as a duplication of the arachnoid enters the internal auditory meatus with the auditory nerve, which must be lacerated in a fracture passing through the petrous process, yet observers have reported cases in which it was seen to issue from the nose, or even from a wound and fracture of the vault; M. Robert explains the former by supposing a rupture of the membranes opposite the sella turcica, and the latter by the fluid infiltrating through the sub-arachnoid cellular tissue.

The connection of these symptoms with the existence of those evidencing compression enables the surgeon to decide, with fair certainty that he has a fracture of the base of the cranium to deal with.

We have now considered the symptoms of simple fracture of the vault, and simple fracture of the base of the skull, the former being the least, and the latter the most serious of the whole of this class of injuries, and now let us endeavor to decide what must be done to relieve them. First, we may lay it down as a rule of practice, that neither the first nor the second admits of any operative procedure whatever. In simple fracture of the vault, we have to consider whether it is connected or not with injury to the brain and its membranes for the violence which breaks the bone may not seriously damage the brain, producing only a greater or less degree of concussion, the patient quickly recovers, and we need do no more than enjoin him to be prudent, to obstain from excitement of all sorts, both physical and mental, for some weeks, say, until fear of inflammation being set up has passed away when he may gradually return to his customary of regular habits. On the other hand the bone may not only be broken, but the brain may be seriously concussed, or lacerated; blood extravasated between the skull and dura mater, between the latter and the brain, or even into the brain; and, finally, in a few days, inflammation with suppuration may arise. The treatment of all these conditions will come up and be discussed further on.

As we have already intimated, fractures of the base of the brain, though not necessarily fatal, are generally so, and all we can do when called to such a one, is to endeavor to bring on reaction, support life; and if, perchance, the patient gets through the effects of compression, to combat the occurrence of inflammation by local applications of cold, bleeding, and purging.

PUERPERAL CONVULSIONS.

I am constrained from motives of benevolence towards others of the profession, and from those of compassion towards any poor suffering female who may be involved in the perils incident to maternity, to briefly detail a case of puerperal convulsions that happened recently in my practice,—if the relation may perchance inure to the profit of the one, or

benefit of the other, I can aver with feeling truthfulness that could I had been familiar with the history and conduct of a case corresponding in character to the alarming one in question, that I was called to attend, I would have regarded it as a source of incalculable relief and satisfaction.

On March 17th, last, was called to visit Mrs. J. a young woman of extraordinary physical development, weighing 175 pounds avoirdupois, but of symmetrical figure and proportion. Primipara period of gestation, six months. The statement to me on being called was that patient was suffering from distress in head, and œdema. On my arrival, about 11 o'clock A. M., found her on the floor, manifesting the characteristic symptoms following an attack of convulsions. It was the first fit. From the history of the case previously given to me, I apprehended it as a case of *puerperal* convulsions. Before time was afforded for administration of medicine, she was attacked with a second convulsion. As soon as practicable, administered a *pulvis purgans* and twenty to thirty drops *ol. cajeputi*. Patient unconscious, and success in administering medicine unsatisfactory. Employed hypodermic injections of morphia in arm. Was seized in about fifteen minutes with a third convulsion.

Upon patient recovering from last fit, tied up the arm with a view to bleeding. Ligation of the arm furnished no ocular or actual evidence of vein. The œdema and thick layer of adipose tissue made the attempt at bleeding purely an operation dependent upon a knowledge of the anatomical relation of vessels. Cut deeply and boldly in the locality of the cephalic vein; failed to strike it. Tried the basilic, but with no better success. Again occurred a convulsion, the interval in this instance being longer than betwe en the previous fits. Upon the subsidence partially of the last convulsion, ligated the other arm, and with a vigorous, deep stroke of lancet, attempted a bleeding from the basilic. Succeeded in opening the vein, but the flow of blood was small and unsatisfactory. Ordered a foot bath, ligated the ankles, proposing to bleed in this locality; but the veins not showing themselves, did not make the attempt. Repeated hypodermic injections, and the doses of cajeput oil. Abatement of convulsions during the afternoon; an interval of an hour, and even one hour and a half intervening as to their recurrence. Soon after called. Appreciating the dangerous character of the case, had a telegram sent to the husband of patient, who is a physician, and was practicing at Hudson city, N. J. Late in the afternoon left the patient, returning on the arrival of her husband on the train, about 7 o'clock in the evening. Two convulsions had occurred in the mean time. Dr. LEGGETT, of Florida village, an intimate personal friend of Dr. J., had been invited in attendance by the family during my absence, whom I met on my return. I stated to these medical gentlemen the treatment that I had employed in the case.

I remarked in respect to my unsuccessful attempt at bleeding from the arms, and expressed my unqualified opinion as to the imperious necessity of blood-letting in some manner. Believing a renewal of effort to bleed from the arm would be futile, it was decided to open the temporal artery—a proceeding I would have resorted to earlier on my own responsibility, but for the expectation of meeting the patient's professional husband within a timely period, whose endorsement of the measure I felt desirable. The arterial bleeding succeeded admirably, as to the securement of a free and copious flow of blood. I will here observe that while absent from my patient, I had requested the presence of Dr. G. S. CARPENTER, of the village of Chester, in consultation, and he arrived shortly after the bleeding just mentioned. At his suggestion, ten or fifteen grain doses of bromide of potassium, as nearly as could be estimated, every twenty minutes, or thereabouts, was administered.

A convulsion recurring after the bleeding of the temporal, the artery was re-opened and several additional ounces of blood allowed to flow. The bromide of potassium was continued, but an the expiration of an hour from the last fit happened another. This proved to be the last. Seventeen had occurred all told. Here let me state as a remarkable incident in the case, the recurrence of the convulsions at intervals, almost exactly every hour, for a period of five or six hours, during their progress in the last end. Dr. J. remained, along with his friend, Dr. L., with Mrs. J. during the night, and employed chloroform whenever convulsions were threatened at all times after the occurrence of the last. Its inhalation, together with the continuance of the bromide, no doubt was salutary in preventing a further invasion of the fits. But the abundant and

unsparing bleeding, unquestionably, served to arrest the attacks more efficiently and successfully than all other treatment combined. Indeed *blood-letting*, it must be conceded, is the *sine qua non* in the treatment of this fearful malady. All other remedial agents, though not to be ignored, must be considered as only subordinate and auxiliary. The question in this case, will naturally suggest itself, why delivery of the fœtus was not attempted, or accomplished, with a view of controlling the convulsions? The reply to this question is, that labor did not declare itself, and there were no symptoms of its occurrence during the convulsions. Dr. Carpenter, whose experience has been large, and whose obstetrical opinion I consider valuable, advised in this case against the proceeding, and as a general practice condemns the resort, unless symptoms of labor thus early in pregnancy are well pronounced.

Upon my visit the following day, found my patient's general condition as favorable as could be expected. Returning consciousness, however, slow, and no action of the mind except when aroused. A cathartic was prescribed to open the bowels; veratrum to control the circulation, a blister to relieve the head symptoms, and the bromide continued, as a sedative and antispasmodic. On the third day after the attack found the patient conscious, and relieved of all threatening symptoms of a recurrence of convulsions; but threatened with those of labor. Made my visit about 11 o'clock, A. M., when she complained of pains in the back, but not attaching much importance to them did not long remain. Was soon sent for however, and returned about 10 o'clock, P. M., when on my arrival she was just delivered by her husband, Dr. J. The delivery of the child was not within the viable period, and of course no interest attaches as to the influence of the convulsions upon the fœtus.

The recovery of the patient was as favorable as in ordinary cases of confinement; but a complication occurred that subjected her to some inconvenience and distress, that ought not be omitted in the narrative of this interesting case. When attacked with convulsions she lay upon a lounge, and during the attack she fell without observation of any member of the family upon the floor. A spittoon sat near the lounge and upon this, in falling, she undoubtedly bruised her right arm, as evidenced by a quite a large discolored spot over the deltoid muscle. It was this arm in connection with which was the difficulty in question. The pain and lameness experienced was referred naturally to the cause indicated, together with the soreness from the repeated hypodermic injections and lancet cuts that had been made in that arm, in connection with the treatment of her convulsions. These circumstances were designed to mislead in respect to the cause of the trouble. But there being no improvement of the unpleasant symptoms, and it being discovered that there was greatly impaired action of the arm; other causes than those mentioned were sought for to account for the difficulty. The *true* cause to our surprise was found in *dislocation* of the humerus at the shoulder. By bringing the patient to the edge of the bed, and under the influence of chloroform, with my heel in the axilla, I succeeded readily in reducing the dislocation; and subsequently, *in all respects*, our variously afflicted sufferer recovered with gratifying rapidity.

It is proper to remark with respect to the case of convulsions under consideration that the presence of uremic acid in the blood was undoubtedly the producing cause; and the case would profitably suggest that whenever there are symptoms that would indicate the existence of this poison in the circulating fluid in pregnancy, appropriate treatment should be instituted with a view of preventing the possible occurrence of an attack of this frightful and dangerous disease.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

April 11th, 1870.

On the Use of Opium in General, and the Hypodermic Use of Morphia in Particular, in Puerperal Convulsions.

Being the abstract of an essay* read by Dr J. T. Whittaker.

(Reported by J. W. Hadlock, M. D.)

The efficacy of opium and its preparations in eclampsia from whatever cause has been known and recognized from the earliest times. Among the older obstetricians, however, may be discovered an astonishing diversity of sentiment; many using it only in selected cases, a few as Hamilton "solemnly affirming" that it is of no benefit whatever; while

*This paper was written in justification of the treatment of a case of eclampsia by the hypodermic injections of morphia, reported by Dr. C. G. Comegys, April 4th, 1870; a treatment which excited considerable discussion as to its appropriateness.

Stavenhagen, Naegele, Gerson, Bland, Dewees, Kiwisch, and Kilian laud it highly. More recently it increases in favor, probably, from a better understanding of the etiology of the disease, and since the discovery of the hypodermic medication it has become a remedy of almost universal favor. Among the various forms of its administration may be mentioned that of Remer and Nasse, who used it in combination with carbonate of potash; Matthias, Michaelson, Brünninghausen and Bürger alternately with castoreum, Siebold with liquor succini, Kennedy and Collins with antimony; Stoll with calomel, &c. Its difficulty or impossibility of administration per stoma during a convulsion lead to its exhibition per rectum, while Schuster first applied it endermically in the form of morph. acet. gr. j.

It would appear, from an investigation of the cases recorded of the hypodermic exhibition of morphia, that Scanzoni was the first to use it on a case of uræmic eclampsia, and since this introduction the greater number of cases of its use seem to have been dependent on this cause; probably, because this is in general the most frequent cause of the disease.

Lorent,* Erlenmeyer,† and Eulenberg,‡ in their works on subcutaneous injections, refer respectively to Scanzoni, Hermann, Sander, and Lehmann, as having used morphia successfully in eclampsia; and Scanzoni has described his own case in his contributions to obstetrics and gynæcology, vol. iv., 1860, p. 293.

Since, remarks Grenser,§ subcutaneous injections of morphia have been repeated several times in the dose of ½ gr. of the acetate by others with the best results. Braun‖ has recommended the use of opium in the following language:

"The internal use of 1 to 6 grs. of opium, of ¼ to 1 grain of acetate of morphia within 6 hours, and at the same time of 20 to 30 drops of anodyne tincture, as a lavement, is specially to be recommended in these cases where chloroform and acids do not operate quickly and permanently enough, when the delivery is over. and the eclamptic fits still continue in childbed. My own observations in regard to this agree completely with those of Kirvisch, Scanzoni, Kilian, Wieger, Hohl, Feist, Crede, and others.

This was written, of course, before hypodermic medication was generally known. Morphia is now administered in this way at his clinic, as the author has had one opportunity of observing. In the adjoining clinic, that of Prof. Späth, two cases of eclampsia, so treated, fell under the author's observation.

Further, from German authorities: Feulich, eclampsia parturientium with fortunate termination, and as the value of the subcutaneous injection. *Vienna Med. Press*, 1865, p. 53, where the case is narrated in detail

The following on the treatment of eclampsia is from the latest text-book on obstetrics, edited in Germany: After venesection to remove the hyperæmia of the brain, when it exists, antispasmodics, and among these opiates, maintain the first rank. * * * When the convulsions are not subdued by venesection and purgation, and cold shower baths to the head, or when hyperæmia of the brain is, exceptionally, not at all present, resort is to be had immediately to opium, which, however, must be given in large doses at short intervals, namely: pure opium in gr. j-ij doses, morphia, gr. ¼-½, the Tr. 15-20 gtt., because what is to occur, must occur quickly. Should three or four such doses be unsuccessful, in the rule, no further hope is to be expected from its further administration. If the patient be unconscious, therefore unable to swallow, the opium must be administered in an unusual way namely either the Tr. in 20 or 30 drops per rectum by clysters, or what deserves the decided preference, morphia, gr. ½, by means of hypodermic injections. Lehrbuch der Geburtshülfe, by Wilhelm Lange, Professor at Heidelberg. Erlangen, 1868, pp. 615-616.

It may well be imagined that the application of so beneficent a means in this fearful disease did not long remain confined to the land of its discovery; accordingly, we find numerous reports from various lands.

Two cases of cure by hypodermic injection of morphia and aconite; one after failure of morphia internally, one ceased in five minutes, one in one minute after injection. Dr. R. M. Bumstead, London *Lancet*, May 29, 1869, p. 747.

"On the speedy relief of pain and other nervous affections by means of the hypodermic method Chas. Hunter, Surgeon to the Royal Pimlico Dispensary, etc., London, 1865." "Chapter II classifies and briefly describes these cases of emergency in which this method will often subdue the disease *at once*, even when the ordinary treatment had been previously used with little or no beneficial effect." p. 21, under this chapter, contains the following: "Of *puerperal convulsions*, as well as of mania from the same cause, I have had to treat several cases." "In such," Scanzoni (*Bulletin de Therapéutique*, March, 1860,) says:

"It will readily be allowed opium and its preparations deserve the first place. As in the previous diseases, opium can often be administered by the hypodermic method with success in this, when none

* *Hypodermic Injections* from Clinical Experience. E. Lorent, Leipsic, 1865, p. 19.

† *The Subcutan. Inject.* of Remedial Agents. Erlenmeyer, Leipsic, 1866. 3d ed., p. 35.

‡ Hypodermic Inject. of Remedial Agents from Physiology, Experimental and Clinical Experience. Albert Eulenberg, 2d ed., Berlin, 1867, pp. 12 & 39.

§ *Grenser's* Nægele, 6th ed., Mayence, 1867, p. 174.

‖ Uræmic Convulsions of Pregnancy, Parturition, and Childbed, by Dr. Carl R. Braun, translated by J. Matthews Duncan, N. Y., 1858, p. 151.

has attended the ordinary modes of its administration."

"To resume briefly," he continues, "concerning cerebral affections. This treatment has advantages, especially its own, restoring the proper function of the brain, composing and giving it sleep and tone, whilst the *same medicine*, otherwise given, has only caused irritation and delayed that cure which, by the injection, would have been quick, permanent, and effective."

In the *Bulletin General de Therapeutique*, vol. 77, Paris, 1869, p. 520, we encounter the following:

Eclampsia Cured by a Subcutaneous Injection of Morphia.

"The hypodermic method has given us results so surprising that we do not hesitate to reproduce the following observation from a distinguished physician, Dr. Herriot, of the school of Rheims: A woman delivered, January 15th, was affected with Bright's disease one month after labor. The malady was characterized by general œdema puffiness of the face, difficulty of vision, and a notable quantity of albumen in the urine.

March 3d.—A very violent attack of eclampsia; at 5 o'clock two more attacks of 15 or 20 minutes duration; loss of consciousness. From 5.11 P. M., 15 new attacks, each about 5 minutes duration; at 11 o'clock the introduction of morphia per stoma was attempted, but was futile; the jaws were convulsively set. 1½ cent. chlorhydrate of morphia was then injected hypodermically. The pupil before enormously dilated contracted instantaneously. Respiration soon became less stertorous. Since the injection there has been no further attack. Coma disappeared little by little. In a few days intelligence returned; and it was found on analysis that the urine contained but a trace of albumen." Convalescence was slow, but recovery was complete.

In the comments following the author asks if the morphia may not be considered as an antidote to uræmic convulsions, warmly eulogizing its effects in this case, and inviting his confrères to further trials.

The April number of the New York *Journal of Medicine* contains the following: Puerperal convulsions from Nephritis successfully treated by morphia hypodermically. By R. B. Bontecon, Troy, N. Y. Mention is made of four cases. The last number of the *American of Journal Medical Sciences*, April, 1870, the following "hypodermic injection of morphia in congestive chills, and in puerperal convulsions, case V. Last week after a case of labor the woman had a puerperal convulsion, an injection, hypodermically, of morph. sulph. actually cut short the convulsions." Jos. E. Garrison, Asst. Surg. U. S. A.

Considering it then as proven that opium, particularly in this form, is empirically of value, it remains to demonstrate its rational indication.

The various prevailing theories are now remarked.

Hippocrates ascribed it to general plethora, a cause accepted also by Pitcairn and Bartholomaeus de Moor. Gorter, on the other hand, gives many other more frequent causes. Mercatus finds blood impurities and constipation; Dewees again regards the robust, plethoric constitution as particularly predisposing; Mussner and Chaussier, the nervous sanguine, to which Denman adds distension of the vascular system; Busch and Velpeau endeavor to unite these various causes; Ramsbotham disregards the constitution, emphasizing its frequency among those of good health, but with particular inclination to somnolence and corpulence; Adelman, Siebold, and Desormaux remark upon the coincidence of thick cranial bones; Cormak, Schmidt, and Kiwisch upon osteophytic plates, sometimes noticed on section; Dubois observes rachitis; Treund and Betschler remarked an increase of venous blood; Mad. Lachapelle, a leucophlegmasia, and Dugés general infiltration.

Tweedie first observed that eclampsia and albuminuria were coincident; an observation which was accurately investigated by Lever, (Guy's Hosp. Rep. 1843.) Mitschik, Regnauld, Devillers, Cazeaux, Delpech and Dubois confirm his investigation. Blot, Depaul and Kiwisch, having noticed the one without the other, and conversely, regard their co-existence as a mere coincidence. Braun and Frerichs regard eclampsia as only a uræmic intoxication resulting from albuminuria. The urea being converted according to the latter into carbonate of ammonia. Simpson found degeneration of the kidney in three post mortem examinations. Litzman agrees with Frerichs but derives the uræmia from mental disturbances or indigestions. He has found cases, however, wherein scarcely a trace of ammonia was present, and other cases in which ammonia was in abundance, but no eclampsia followed. Krause actually treated a case with carbonate of ammonia and "convinced himself that the attacks vanished under its use."

Then followed the local theory. Osander, Carus, and Bush observed a distended uterus. Marinus a distension of the abdomen. Mauriceau found it oftener with a male fœtus, an opinion in which Baudelocque participated and La Motte relates a case where a woman was only attacked when the child was male.

Balling denotes the uterine nerves as the point of departure. Hayn the plexus hypogastricus. Power, Stein, and Soewenhard speak of a metastasis of the pains. Boer derived it from a peculiar uterine pain, Wende from tetanus uteri, Desmoreaux again to pressure on the bladder, Erhard, Miguel, and Rose to indigestion. Detharding, Schenk, Meissner, Hauck, &c. have reported cases due to disturbance of disposition, &c., &c.

From this Vallambrosa three principal theories

may be eliminated. First, the view that the blood is poisoned by the presence of urea; second, that the urea is converted into carbonate of ammonia which then becomes the poison; and third, the theory of anæmia and hydræmia one of the oldest of all. The urea theory is thus disposed of by Bedford, (Obstet, 1869):

"Prevost, Dumas, Segalas, Tiedemann, Gmelin, Mitcherlich, Cl. Bernard, Bareswil, and Stannius, have all extirpated the kidneys and have never known convulsions to ensue. Bichul, Courten, Gospard, Vanguelin, Segalas, Stannius, Bernard, Brown-Séquard, Frerichs, and others after injecting into the veins urea and urine never in a single instance observed a case of convulsions. Again, Bright, Christison, Rees, and Frerichs have cited cases in which a large quantity of urea existed in the blood of man unaccompanied by the symptoms of uræmia, and Frerichs says, in one instance in which he detected the greatest amount he had ever observed, there was no approach to uræmic disturbance. Vauguelin and Segalas so far from regarding urea as a poison, propose to administer it as a diuretic. The conclusion from these facts appears irresistible that urea, to say the least, is not a violent poison; its excess in the blood will not *per se* produce uræmic intoxication, &c., &c.

Secondly, the conversion of urea into carbonate of ammonia has been refuted by Richardson and Hammond, who have found that ammonia naturally exists in the blood of healthy animals, and all subsequent observers according to Roberts, with the sole exception of Petroff, have failed to discover in the blood of animals rendered uræmic by the removal of their kidneys any larger amount of ammonia than exists in the normal state. "The recent experiment of Oppler, Schottin, Perls, and Zalesky," continues Roberts, "seem to have given the *coup de grâce* both to the ammonia and to the urea theories of uræmia, and they indicate in a very clear manner, that uræmic manifestations depend, mainly and essentially, on the accumulation in the blood and tissues of those primary products of tissue metamorphosis, creatine, creatinine, and other extractives, &c." "Many interesting experiments and observations have been made upon this subject," writes Flint in the new section of his Physiology, 1870, page 195, "but it is now pretty generally admitted that the weight of evidence is against the carbonate of ammonia theory of uræmia." It was when obstetricians believed in this theory that the vegetable acids were ordered in neutralization to the ammonia in the blood.

The other theory which succeeded this, or rather, with modifications was revived, was that of the so-called Traube-Munck-Rosentein theory, namely: that convulsions were due to anæmia and hydræmia, as it was proven that a sudden relief of the distended vessels of the brain by profuse hemorrhage, or the ejection of the cerebral blood by the substitution of water injected, induced immediate convulsions. This was again partially refuted by the fact, that many cases of convulsions occurred when no blood had been lost, and further, in many cases marked by great loss of blood, no convulsions occurred. But it is not yet entirely refuted, because of the nervous influence which must be admitted in regulating the brain supply, even when no blood has been discharged, and nearly all modern obstetricians admit cases of puerperal convulsions dependent simply and solely on anæmia. The most modern view is that elicited from the experiments of Nothennagel, of Berlin. See *Virchow's Archives*, vol. 44, p. 1, *et seq.*

These experiments complete those of Kussmaul, Tenner, Schiff and Brown-Séquard, who have shown that epileptic convulsions are induced by irritation of the pores and medulla oblongata, all other portions of the cerebro-spinal system being excluded. Nothennagel has limited the exact point to a circumscribed portion of the floor of the fourth ventricle. The animals upon which he experimented were narcotized and fastened down to the table, when a small portion of the occipital bone was trephined down to the brain. Then with a fine needle he made his explorations; when the proper point was penetrated opisthotonos and tetanic extension immediately supervened, then ensued the spectacle of decided epileptic convulsions. The borders of this "spasm centre" are defined as follows: downwards, the upper extremity of the alæ cinereæ; when the vagus centre is touched immediate death ensues; upwards, the locus cœruleus not quite to the under border of the corpora quadrigemina; inwards, the outer lateral border of the eminentia teretes; outwards, the border is difficult of determination, as it varies in breadth from above downwards. Granting, then, the presence in the blood of some toxic agent, whatever its character may be proven to be, is it not easy to imagine that the moment it comes in contact with this spasm centre, immediate convulsions will ensue?

This theory is not given as a decided one. The fact is, the whole question of uræmia is as yet undecided; and we may quite concur with the remark of M. Bailly in an elaborate essay on this subject, prepared for, and to be published in, the new French dictionary, that the pathology of uræmia remains still very obscure. Granting, however, any one of these theories, indications exist for the judicious use of opium. For if it is due to the presence of some toxic agent, it is well known that opium, and all other agents of its class, diminish the amount of retrograde metamorphosis, and consequently the increase of these agents. If it be due to anæmia of the brain, it is the remedy above all others, to stim-

ulate the brain, and give it tone, and if it be due to the modern theory, namely, irritation of the floor of the fourth ventricle, what agent do we possess so powerful against every form of irritation as exactly this under discussion? What lends this view particular force is the fact that a greater quantity of opium must be administered to secure the same effect as when the brain is unaffected. What Virchow (Zoonoser's Specific Pathology and Therapeutics, vol. II., page 335,) has emphasized in hydrophobia, namely, that the nervous system attains the greatest power of resistance in this disease, avails probably, remarks Eulenberg, in similar manner in tetanus, in epilepsy, and eclampsia in hysterical convulsions, &c., perhaps in all forms of convulsion, whose common point of departure is referable to the base of the brain and the medulla oblongata. It is administered more to-day in eclampsia than it was in older times, and in larger doses.

Brunnerstadt, (collection of 135 cases of eclampsia Rostock, 1866, p. 126) believes that when opium is to be administered with success, it must be given as early and as energetically as possible—2 or 3 grs. opium pure, or the Tr. in corresponding quantity with a repetition in doses of from 1–1½ grs. after each attack, up to distinct narcosis, and this narcosis to be sustained for a time after the last attack. See also a case of anæmic eclampsia in which opium was pushed in clinical observations on the Pathology of Labor, by Dr. WINCKEL, Professor of Gynæcology in the University of Restock, Restock, 1869, p. 262, *et seq.* A remarkable feature in this case was the gradual disappearance of albumen under the use of opium. It is not intended in this paper to attempt to declare opium as the remedy in this disease to the exclusion of all others, nor is it designed in any manner to detract from blood letting, chloroform, etc., in suitable cases; but merely to prove that a sweeping denunciation of its administration is utterly foundationless, in both theory and practice; and since the discovery of the hypodermic method of its use, it bids fair, in value, to outrank them all.

MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

A special meeting of this society was held at Bellaire, on Tuesday, April 26th, 1870.

The death of Dr. John Sappington was feelingly announced by the President, Dr. Silver, who made a minute and graphic presentation of the personal and professional character of the deceased, and concluded by offering the following resolutions:

WHEREAS, Since our last meeting, by the dispensation of Providence, one of our oldest members has been removed from our midst by death, who had spent a long life of usefulness in the practice of medicine.

Be it resolved, That in his death the medical profession of this county has lost one of its most active and zealous members, whose energy and experience in the practice of his profession for forty-five years had rendered him an able and skillful physician.

Resolved, That in his death the community has lost a diligent and faithful member of our profession, who long administered to their pains and sufferings, and whose entire life was devoted to his calling.

Resolved, That the above resolutions be entered upon the journal of this society, and a copy of the same be sent, with the sympathy of its members, to his bereaved family.

DR. THOMAS HOPKINS, moved the adoption of these resolutions, and followed his proposal, by an eloquent and touching tribute to the life, character, and professional career of his justly eminent friend and brother. He bore earnest testimony to the thoroughly honorable and manly character of Dr. Sappington; to his eminent practical ability as a physician; to his steadfast zeal in professional duty; to his uprightness, honor, and generosity as a man; to the ardor of his friendship; and to his profound sincerity as a christian. His many commanding qualities had for years, under his presence and his labors, a constant blessing throughout the wide region, in the midst of which he lived. Dr. Hopkins urged upon his professional brethren, the steady emulation of this high character, and declared, that in no way, could they do their full duty to themselves, to their profession, and to those who in every peril they are called upon to succor, than by patiently and earnestly following the bright example, that for the long years of a toilsome and dutiful life was unbrokenly set them by their now departed brother.

Dr. LEE then spoke, in earnest commendation of Dr. Sappington's character; of his urbanity among his professional brethren; his earnest serviceableness in every way to his patients; and his strongly marked practical character, not only in the direct duties of a medical man, but in a multitude of auxiliary services, which gave his professional acts the warrant of success wherever strong sense and the ready adaptation of means to ends could fortify and ensure the healing power of his art.

Dr. HAYS then arose, and gave earnest personal testimony of the character, professional and personal of Dr. SAPPINGTON; of his wisdom and urbanity in professional consultations; of his hearty appreciation of professional services rendered his patients during Dr. Sappington's necessary absence, and of the loss which the community had suffered, by the removal of so eminent and useful a man.

Dr. LEE then moved that the resolutions be adopted, which motion being seconded, by Dr. John Evans, was unanimously approved. On motion of Dr. John Evans, Drs. Lee, W. W. Hopkins and Hays, were elected delegates to the meeting of the American Medical Association, Dr. Virdin called the attention of the meeting to the recent action in

the United States Congress, threatening the abrogation of the charter of the Medical Society of the District of Columbia, in consequence of that society having under its prescriptive and unquestioned right its own sense of professional and social duty, and in the warrant of every legal sanction, refused to admit negro practitioners to its membership.

Dr. Virdin strongly urged the Harford county Medical Society, to record and publish its hearty, deliberate and unalterable approval of the course pursued by the medical society of the district, which he was sure was not only imperatively necessary, but would meet the steadfast approval of all the wise and good among the profession and out of it, throughout the land.

Dr. Virdin's sentiments were, on motion of Dr. Lee, adopted as the unanimous sentiment of the Harford county Medical Society, and the Secretary of the Society was instructed to communicate a copy of the record to the Medical Society of the District of Columbia.

The Society then adjourned.

N. W. Virdin, M. D., *Secretary.*

Editorial Department.

Periscope.

Upon the Passage of the White Blood Corpuscles through Capillary Walls.

In the *Comptes Rendus*, Jan. 17, M. Robin criticizes a work by M. Feltz. His remarks are translated in the *Bowdoin Scientific Review*:

The work of M. Feltz treats of the passage of the leucocytes, or white globules of the blood, through the vascular walls. M. Feltz at the outset briefly recapitulates the theory of Cohnheim, which is itself based upon the anatomical and histological data furnished, chiefly, by Recklinghausen. Cohnheim does not doubt the passage of the white globules through the *stomata*, of which he assumes the existence in the vessel-walls in case of inflammation, etc.

M. Feltz combats the views of Cohnheim.

1st. He has studied experimentally the circulation in the mesentery and tongue of the frog, and on the mesentery of the mouse. He concludes that there is primarily a contraction of the vessels, followed by dilatation due to temporary loss of the contractility of the vascular walls. Notwithstanding numerous and minute observations, he has never been able (in opposition to Cohnheim) to discover any white globules entering the canaliculi, the existence of which has been admitted through the walls. He has only seen accumulations of leucocytes along their outer and inner walls; but it is impossible for him to affirm, as the result of direct observation, that the extra-vascular globules are an immediate blood-product.

2d. The author has then demonstrated, by different means (injections of colored substances into the blood and lymphatic systems, colorations of the arterial and venous tissues by nitrate of silver, microscopic preparations with photographer's paper, etc.,) that the passage of the leucocytes is impossible, because the pretended epithelial stomata, and the canaliculi leading from them, do not exist; or at least are not shown through the agencies employed by Cohnheim and Recklinghausen.

3d. M. Feltz does not deny that there is around the vessels, in the inflamed tissues, a great number of elements similar to leucocytes; but not having seen them pass out of the vessels, nor formed within preëxisting elements, as the theory of Virchow would establish, he demands whether these elements be not formed *in situ* within exuded fluids. Without advancing a theory regarding their generation, he has entered upon a course of new experiments, which he will soon have the honor of submitting to the Academy.

Permanganate of Potassa in Oxaluria.

Dr. Thorne, of Chicago, praises in the *Mich. Univ. Med. Journal* the use of permanganate in oxaluria. He gives a case and adds:

When we consider the fact, that uric acid may disappear entirely from the urine, and that oxalic acid is not normally present: Is it not fair to conclude that the uric acid must, in the normal condition of things, undergo decomposition in the body? We find that by adding an excess of permanganate of potassa to uric acid out of the body, it is directly converted into urea and carbonic acid; and that when the oxidation is less complete, it passes into the form of urea, oxalic acid, and carbonic acid. If, therefore, we would prevent the formation of uric acid and oxalic acid we must supply, as per example, the seven equivalents of oxygen, and four of water. This is most conveniently done in the form of permanganate of potassa:

℞. Permanganate of potassa, grs. viij.
Water, ℥ij. M.
Sig.—One teaspoonful to be given three times a day.

It should not be given except on an empty stomach; for in contact with organic matter it is decomposed, yielding its oxygen to any element, simple or compound, that will receive it. I have repeatedly directed, during the past two years, the permanganate to be given as above, in oxaluria, with the most happy result.

Hydrate of Chloral, in Delirium Tremens.

C. A. Stivers, M. D., of the San Francisco City and County Hospital, reports to the *Pacific Medical and Surgical Journal* the following cases:

An opportunity having offered to make trial of the new hypnotic in two cases of delirium tremens brought into the hospital, I herewith present the results, which were highly satisfactory:

CASE I.—E. W., female, aged 38, native of Ireland. Admitted April 13th, at 9½ A. M., suffering from a severe attack of delirium tremens. The nurse was obliged to place her in a strait jacket, to have any control whatever over her. I ordered:

℞. Chloral hydrate, ℥j.
Syr. pruni virg.,
Aquæ, aa. ℥j. M.
Sig.—One-half to be taken at once, and the remainder in two hours, if no sleep.

The first dose was given at 10 A. M., the second at 12 M. No sleep, but patient rather more quiet. Repeated the same prescription, and gave one-half at 2 P. M. Patient sleeping soundly at 2½ P. M., and continued in that condition until 9 P. M., when she awoke perfectly free from delirium; and, to use her own words, she felt "pretty well—only a horrible headache." Took about a pint of beef-tea, At 12 M., the remainder of the hydrate was given—in all, 2 dr. Directly afterward she fell asleep, and so continued until morning, when she was discharged from my care. No return of delirium occurred.

CASE II.—C. G., male, aged 27, native of Ireland. Admitted April 14th, at 11½ A. M., with delirium tremens. Had to be confined in a jacket. Ordered:

℞. Chloral hydrate, ℥j.
Syr. pruni virg.,
Aquæ, aa. ℥j. M.
Sig.—One-half at once, and the remainder in two hours, if no sleep.

The first dose was given at 12 M., and he fell asleep in about ten minutes, and continued in a sound slumber for about two hours, when he awoke slightly delirious. The remainder of the hydrate being then given, he was asleep in ten minutes, and continued in a sound sleep all the afternoon and night—a little over fifteen hours. Next day he was discharged, cured.

You will perceive that the medicine was given in full doses. In some instances in which it has failed to exhibit its effects, I suspect the failure was owing to the smallness of the dose. No other remedy was employed in conjunction with it in the foregoing cases; so that the trial may be deemed a fair one, as far as it goes.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Andrew Nebinger, the retiring President of the Philadelphia County Medical Society, read an address last February, on the extent and prevention of criminal abortion. This address has been published by the Society, we believe for general distribution. It has much in it which is timely and true, and much that is narrow and in bad taste. Nothing can be more laudable, for example, than his advocacy of "the wide-spread diffusion of the necessary information among women, of the physiogy of conception, pregnancy, the viability of the fœtus, and the development of the new being." But that Christian ministers and the churches (!) are the proper authorities to give this instruction, is a ludicrous idea. An eminent New York journalist recently remarked of a political opponent that if his Satanic majesty did not get him, he didn't know what that personage was made for. So we say that unless physicians give this information, we don't know what the use of the profession is. Not less absurd is Dr. N.'s labored exposition of the superior efficacy of the Roman Catholic religion in controlling the crime of abortion, when it is notorious that in France, an eminently Catholic country, this crime is peculiarly rife. It is by distributing sound, popular physiological information on the subject of reproduction, that we must expect to conquer this growing evil, and in no other way.

DR. J. H. POOLEY sends us a reprint of his article on three cases of imperforate anus, which he operated on. Those who wish a copy can probably obtain it from the author, Yonkers, N. Y.

The first number of the Indiana State Journal of Medicine, is a pamphlet of 32 pages, containing some good original articles. The professional stools are occupied by Drs. Thad. M. Stevens, W. B. Fletcher, and Guido Bell. It is published by the editors at Indianapolis every month, at $1.50 per year.

"Kamba Thorpe" is the pseudonym chosen by an Alabama lady, the widow of a physician, who has lately published through Carlton & Co., New-York city, an entertaining novel called "Four Oaks." The story is simple and pure, and those who purchase it will enjoy an agreeable tale, and aid a worthy lady.

——Prof. DIXI CROSBY, M. D., of Dartmouth College, N. H., is about to remove to Concord, N. H.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MAY 28, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

HEALTH REPORT OF PHILADELPHIA.

We have recently received the Report of the Board of Health for 1869, of the city and port of Philadelphia. It tells much of interest and leaves much untold. It may be remembered that an act was passed a little more than a year ago, which we spoke of at the time, placing the street cleaning under the charge of the Board, and confining them to the contract system. There was, throughout the summer and fall, considerable complaint of neglect in this particular, but the Board assure us without foundation. They claim that certain city officials have endeavored to make for themselves a name, by reporting localities as breeding pestilence and death, when upon personal inspection, the complaint was found to be without the slightest shadow of truth. All complaints that were reported to the Board received prompt attention. The Board, in the discharge of this onerous duty, have tried to do their duty, and much valuable time has been given in order to bring about the state of cleanliness so much desired. They challenge any fair minded man who will make a personal examination of the whole city, to say that the city is not cleaner than it has been for many years at this season. Thousands of heaps of dirt from new buildings, repairs, and paving over gas and water inlets, have disappeared. The inlets are generally open, and are in a much better condition than they have been for years. Our 475 miles of streets certainly do present a much improved appearance; but these streets can never be properly cleaned until they are better paved.

The number of deaths during the past year was 13,428, which, estimating the population at 800,000, is 1 for every 52 of the population.

Among the registered diseases we find nothing to attract any particular attention, or present any form of an epidemic, unless it be scarlet fever, which increased considerably during the year, and reached the number of seven hundred and ninety-nine (799), a large increase over the previous year, and the highest that had been attained since the year 1861, and regret at the close of the year it was still on the increase.

Consumption, as usual, shows far the highest figure, its victims numbering 1975 during the year.

Thirteen persons died over the age of one hundred years, of whom one was over one hundred and ten years.

The infant mortality, as usual, continues simply appalling. The children under one year of age who died making very nearly one-third of the whole mortality, (29.24 per cent against 31.31 per cent the previous year) while under ten years of age the number of children that died amounted to eight thousand one hundred and three (8,103), an excess of one thousand four hundred and twenty (1,420) over that of adults, and when compared with the entire mortality, is equal to 54.80 per cent., or more than one-half of the total deaths in our city.

The number of births registered during the year was sixteen thousand nine hundred and sixty (16,960), a decrease from the previous year of two hundred and ninety-nine (299), or 1.73 per cent.

We cannot tell with any certainty from the statistics presented how many of these were from native, and how many from foreign born parents.

As compared with the previous year, we may say that 1869 was healthy, and that during its course the general sanitary condition of Philadelphia compared favorably with that of any other city in the United States. No one, however, can peruse this report without being deeply impressed with two facts: first, that there is a sad want of thoroughness and accuracy in our statistical returns (for which physicians are more to blame than anybody else); and secondly, that there is a vast amount of death and disease from preventable causes, that every year thousands of our population

"die from medicable wounds."

Notes and Comments.

Vaccination.

Dr. SNOW, says in his last monthly report as City Registrar of Providence:

The experience of the past winter has only been a repetition of the old, well established story in this city—the absolute protection from small pox afforded by vaccination, and the importance of re-vaccination. The small pox has been brought into Providence no less than five times since last November, from other places. The first time, the disease was extensively spread before it was recognized; but was arrested completely after about thirty cases, mostly modified, had occurred. In the other four instances, the disease was confined to the parties who brought it from other places. Vaccination has been quite general in the city, during the past winter, and we may say confidently that there are few, if any, places in the country where the population is so well protected against small pox as in Providence.

Proportion of the Sexes.

The excess of males over females in the different countries of the world has recently been the subject of investigation. In the United States, in 1850, in a total white population of 19,753,068 there was an excess of 499,734; in a total free colored population of 434,449, there was an excess of 17,047 females over males; and in a total slave population of 3,204,313, there was an excess of 755 males. In 1860, in a total white population of 27,003,314, there was an excess of 735,544 males; in a free colored population of 487,996, there was an excess of 19,996 females; in a slave population of 3,954,760, an excess of 11,495 males. In New York city, at present, it is asserted that there are 11,000 more males than females, while there are 132,000 more females of a marriageable age than males of that class. In Great Britain, on the other hand, there is an excess of 700,000 females over males; and in France, Austria, Spain, Italy, and Prussia, with a population of 138,000,000, there are 1,047,000 more females than males.

Gone to Europe.

PROF. C. L. FORD, the distinguished teacher of Anatomy, in the Long Island College Hospital, Brooklyn, N, Y., sailed on board the Marathon for Europe, on the 21st instant.

We learn that he expects to be absent until about the time for the commencement of his next course of lectures.

Medicated Pearls.

We have received through Mr. Frederick Brown, Druggist, 6th and Chestnut streets, some of Dr. CLERTAN'S medicated pearls. They consist of remedies in constant use, enclosed in gelatine capsules. By this means the remedies reach the stomach by swallowing the capsules and thus avoiding the taste of the medicine. The samples sent us consist of valerian, digitalis, ether, oil of turpentine, castor, chloroform, and assafœtida. They are elegant preparations of useful remedies, and would no doubt often be found preferable given in this shape rather than in the ordinary way. Mr. E. FOUGERA of New York is the agent for the United States.

Medical Society of the State of Pennsylvania.

The Medical Society of the State of Pennsylvania will hold its 21st annual session, in this city, commencing Wednesday, June 8th, at 11 o'clock A. M.

Arrangements have been made with the following railroads to pass delegates. The Pennsylvania Central. Philadelphia and Erie. On these roads, (orders for excursion tickets will be issued by the Secretary Dr. W. B. ATKINSON, 1400 Pine street, Philadelphia, to whom applications should be made *immediately* by letter.)

Excursion tickets will be issued on presentation of credentials at the ticket offices of the Reading, North Pennsylvania, and Lehigh Valley railroads.

Correspondence.

DOMESTIC.

Rattlesnake Bite Treated by Hypodermic Injection of Ammonia.

EDS. MED. & SURG. REPORTER:—

Having never seen any account in medical works or journals of the treatment of snake bite by the hypodermic method, and being thoroughly convinced that there are cases in which it is infinitely better, for the reason that it is more certain and effectual than any other mode, I desire to give a brief report of the following case. I know success in a single case is of little importance, but the treatment is so rational as to at once recommend itself to any reasonable mind:

On the evening of July 29th, 1869, at about ten o'clock, I was called to see Charles S., a farmer by occupation, who, while binding oats, had been bitten on the right fore-finger by a rattle snake; both fangs had passed well through the skin, and the venom been injected into the subcutaneous tissue, just behind the metacarpo-phalangeal joint. The snake was about two feet long and had four rattles.

When I arrived I learned that he had been bitten four hours previous, and that they had consulted another physician, who had advised them to administer whiskey freely, until intoxication was produced. They had given about a quart of the best

bourbon, all of which had been vomited, and he rapidly grew worse; notwithstanding they had tied a handkerchief tightly around the arm, immediately below the shoulder, the swelling had extended beyond, affecting a portion of the body. He thought he was going to die, was in a terrible state of nervous agitation, and suffering the most intense pain in the entire arm, which was swollen to more than twice its natural size, and of a livid spotted color; respiration quick and laborious; pulse weak and 115 per minute; surface covered with cold sweat. Such were some of the most untoward symptoms. I gave him a dose of aqua ammoniæ, but he immediately ejected it. As he could retain nothing on his stomach, and was so rapidly growing worse, it was plain to be seen that were not some other mode effectual in introducing some of the reputed antidotes into the system, death would inevitably follow.

The hypodermic method at once suggested itself to my mind as being the most speedy and certain. So having a syringe in my pocket, I charged it with ʒi and inserted it into the wound, pushing it well into the subcutaneous tissue, I slowly emptied it. He at once began to cry aloud with the pain, saying he could feel it run up his arm to his shoulder. The instrument was again charged with the same amount, with as much water, and injected at another point, near the wound. The stinging over, he said he felt better, and thought he could sleep. I now removed the handkerchief from his arm, and gave him half a pint of whiskey, which he retained, and soon symptoms of intoxication supervened, when I knew my patient was saved. Now, I firmly believe the ammonia saved his life, and were I to be called to another case, especially if it were soon after the wound was inflicted, I would not hesitate to rely exclusively upon the hypodermic injection of aqua ammonia. Its antidotal properties are well established, and this is certainly the most rational way of administering it, for it acts, both locally and constitutionally, almost instantaneously.

For injecting in the wound I would prefer the undiluted, but for other parts I would dilute. In this case there was no caustic effect produced, save a slight destruction of skin. I hope others will try this method, and publish the result.

GEO. F. JENKINS, M. D.

Sandusky, Iowa.

NEWS AND MISCELLANY.

The Late Professor Simpson.

MEETING OF PHYSICIANS TO TAKE ACTION RELATIVE TO HIS DEATH—A SERIES OF RESOLUTIONS EXPRESSIVE OF SYMPATHY ADOPTED—EULOGISTIC ADDRESSES BY DRS. STORER, JOHNSTON, OTIS, COX, AND OTHERS.

A meeting of the physicians of the United States present in Washington, D. C., was held at the Army Medical Museum, on May 9, 1870, at 12 M., to take appropriate action on the reception of the news of the death of Prof. Sir James Y. Simpson. The meeting was called to order by Dr. J. C. Hall, member of the medical profession of Washington, and organized by the appointment of a president four vice presidents, and a secretary, as follows:

President—Dr. Thomas Miller.

Secretary—John L. Sullivan, of Massachusetts.

Vice Presidents—Drs. Clymer, United States navy; Noble Young, District of Columbia; J. K. Barnes, United States army; Dr. L. P. Bush, of Delaware.

Immediately after the meeting had been called to order and its officers elected, the call for the meeting was read by the secretary.

Dr. H. R. Storer, of Boston, then spoke as follows:

MR. CHAIRMAN AND BRETHREN OF THE PROFESSION: It is with the deepest grief that I announce to you the decease, of which I have learned by cable dispatch from his son, of Prof. Sir James Y. Simpson, of Edinburgh. That our friend had himself prepared me by messages from his dying bed for his departure renders the loss none the easier to be borne. His very fortitude in his suffering, and his resignation to the Divine will, but revealed a more profound depth and a lovelier beauty in his character, with which it was but the harder to part.

Dr. Simpson was so universally known to our profession throughout the world, as he was, indeed, to mankind at large, that I need enter into no detail concerning his history. He rose from the obscurity of a country village to be the favorite of his sovereign, the peer of the highest literary and scientific authorities, the cynosure of the medical and surgical intellect of this century. It was as if by magic, but his only talisman lay in the perfect bravery, persistency, sincerity, and simplicity of his life. Quick to perceive, he was equally apt in executing. He expended no unnecessary force, he begrudged no required effort. He was not merely the skilled accoucheur but the thoughtful, wise gynæcologist. His suggestions regarding acupressure, now in daily practice, have placed him as a surgeon side by side with Ambrose Paré; while the revolution achieved by him as to the fundamental idea of hospitalism entitles him to the glorious appellation of having been the modern father of medicine: a second Hippocrates.

There are those present who, from personal acquaintance with the facts, know that these claims are in no sense forced or overstated. At less than sixty he had accomplished all that has been said, and yet still in the fresh prime of his life, we hoped for even riper fruits from his vast experience. But it was not so ordained. His last professional work, sent to us from his death-bed, was for the vindication of the honor of one of our own countrymen, whose memory, thus redeemed, will be always embalmed in our hearts, conjoined with that of Simpson. His reply to the second letter of Dr. Jacob Bigelow concerning the history of practical Anæsthesia, communicated to the Gynæcological Society of Boston, and received through it by you at the session of the American Medical Association just ended, went far to influence your decision as to the person to whom the honor of that glorious discovery the most benificent ever made since the foundation of the world, was really due. By an unanimous vote upon the last day of the session, and in pur-

suance of the recommendation of the Section of Practical Medicine, by whom the evidence adduced had been carefully scrutinized, you pronounced in favor of the late Dr. Horace Wells, of Hartford, Conn. Upon the evening of the same day—his earthly labors thus beautifully ended—the spirit of Dr. Simpson took its flight.

There would be no place in this country so fitting for these few words of eulogy, this poor utterance of our common gratitude, as the national capital, and this Army Medical Museum, filled as it is with the results of achievements, formerly impossible, is in itself his fitting monument. Coming together from the uttermost parts of the continent, we go hence to homes where his name is everywhere a household word, never to be forgotten so long as the primal curse, from which, through God's great grace, he took the sting, shall lie upon suffering woman. The nations shall rise up indeed to call him blessed, and blessed he is, if to have faithfully worked through his whole life in the Lord's vineyard, in season and out of season, cheerfully doing that which was given him to do, bearing up under the heaviest domestic afflictions, not resenting unkindly the sarcasms and ingratitude of petty men, assuming withal for the dear Savior's sake, His heavy cross, the jeers of sceptics and the taunts of those who daily crucify Him anew—if to have lived thus is to have gained entrance into the joy of the Lord, blessed he is indeed.

Of my own personal bereavement I have now naught to speak. There may be those present, however, who will remember my language of fifteen years ago, in the preface to the American edition of those "Memoirs and Contributions," to edit which, in conjunction with Dr. Priestley, now in London, it had been my great privilege to be selected. "Treating me as his son, I had learned to love him as a parent." As such, indeed, I have found the tie that is now broken. There are sorrows that cannot express themselves in words. I can only offer you the following resolutions. They will be found but feebly to convey what I know is in all your hearts.

Whereas it is an instinctive and very natural desire among men to lament with those who are in affliction, and to mourn with those who weep; and whereas it has pleased the Giver of both mortal and eternal life to call unto Himself His good and faithful servant, known upon earth as Dr. James Y. Simpson, of Edinburgh; therefore,

Resolved, That in Dr. Simpson, American physicians recognize, not merely an eminent and learned Scotch practitioner, but a philanthropist whose love encircled the world; a discoverer who sought and found for suffering humanity, in its sorest need, a foretaste of the peace of Heaven; and a devoted disciple of the only true physician, our Saviour, Jesus Christ.

Resolved, That in acknowledging, for ourselves and our brethren, the excellence of him who has gone, and in thus honoring his memory, we would tender to the members of his family in their sorrow our respectful sympathy.

Resolved, That a copy of these resolutions be sent to the widow of Sir James Simpson, and to the British Minister resident at Washington, with the request of the latter that they be transmitted by him to the several English medical journals, as a mark of the esteem felt in this country for the deceased.

After the reading of the resolutions by Dr. Storer, Dr. Wm. P. Johnston rose and said:

I rise, Mr. President, to second the very appropriate resolutions which have just been presented, and which will, I am convinced, meet with the cordial and unanimous support of all now present.

Sir James Simpson is no more. In him, science has lost one of her most earnest, original,and gifted students, society one of her highest ornaments, and humanity one of her greatest and most useful benefactors; and we have assembled to-day in this, the metropolis of our country, to pay a fitting tribute of respect to the memory of him, whose loss the profession and the civilized world will mourn, and to offer our sympathy and condolence to the afflicted and bereaved family of the deceased.

Mr. President, when the American Medical Association met in Baltimore in the year 1848, a report was read by the Chairman of the Committee on Obstetrics, Dr. Harvey Lindsly, of this city, detailing the result of his own experiments in the use of chloroform in labor, and urging its trial as an agent, which he believed, would prove most valuable in alleviating suffering in the agonizing throes of travail. This subject was then new, and the profession was not prepared to give to the report their unqualified approval. In the debate which followed, one of the most distinguished Professors of Obstetrics in this country, entered his protest against the receipt and endorsement by the Association of the recommendations contained in the report.

But now, what a change time and experience in the use of chloroform in labor have accomplished in the medical mind throughout the length and breadth of this vast American Union; there is not a single well-educated physician, I will venture to assert, who is not prepared to unite with me in the declaration that this branch of the healing art is immensely indebted to that great discoverer of the anæsthetic properties of chloroform, for the evidence he afforded of its safety and beneficial effects in many cases of natural labor, but especially for its inestimable value in Obstetrical operations. And as in the past, so in the future, with each revolving year, from every rostrum of our medical schools, the name of Simpson will be pronounced with feelings of respect and admiration, for his many valuable contributions to the advancement of Obstetric science.

Dr George A. Otis, United States army, then rose to make the acknowledgments of the army surgeons for the great discoveries of Dr. Simpson as follows:

Mr. President and Gentlemen: As we progress in the journey of life, it would appear as though the milestones were gravestones, so rapidly do those whom we loved or revered in youth pass away. In a brief period we have been called upon to deplore the loss of Brodie and Velpeau and Mott and Warren, and of many other illustrious teachers of our art, by whom our foremost men were instructed in the principles they are now imparting to the rising generation of physicians and surgeons. And we are now assembled to mourn the loss of one whose happy lot it was to be the benefactor, not of his profession only, but of all mankind; for the name of Simpson will ever be associated with those of the great discoverers who have benefited the human race. I wish that the acknowledgment of the incalculable indebtedness of military surgeons toward him might have fallen into abler hands, so that the wisdom and courage which he manifested in the discovery of chloroform might be fittingly appreciated, and due honor paid to one who has conferred on army surgeons the greatest boon they have received since Ambrose Paré

discovered the ligature, and who deserves, as well as Paré, to be called a man-loving, king-honored, God-serving physician. This is not a time to refer to the disputes regarding the discovery of anæsthesia. Great as is my sympathy for him, I regretted the action of the Medical Association last week in ascribing it to Horace Wells, when the suggestions of Sir Humphrey Davy, and even older philosophers, are so well known; but despite the claims of the French in behalf of Flourens, there can be no historical doubts of Simpson's discovery of the anæsthetic properties of Chloroform. I could never agree with the opinions of Dr. George Hayward and my friends from Boston and Philadelphia, relative to the greater danger in using chloroform rather than ether. But whether more dangerous or not, ether is not suited for use on the battle-field, because it is impossible for the attendants to carry an adequate quantity of ether upon the actual field, whereas the surgeon may take on his person, in a flask, a sufficient quantity of chloroform to produce anæsthesia in all the cases he is likely to be called on to attend. You well know the history of the use of chloroform in the Crimean and Italian campaigns, where it was employed without a single disaster; and I am informed by Langenbeck and Stromeyer that a similar result attended the seven weeks Austro-Prussian war. In our own unhappy struggle chloroform was administered in more than one hundred and twenty thousand cases, and I am unable to learn of more than eight cases in which a fatal result can be fairly traceable to its use.

Of acupressure I have but little personal experience, and of those great improvements in obstetric science made by Sir James Y. Simpson none, and shall leave them for others to commend, and close with the prayer that he who saved so much suffering in others may rest in peace.

Dr. George Clymer, of the Navy, then referred in a few feeling remarks to the great obligations of the medical staff of the navy to the illustrious deceased. Without the beneficent method of producing anæsthesia discovered by Dr. Simpson, he thought it would hardly have been possible to have performed some of the operations undertaken during the late war, for the terrible mutilations produced by the projectiles of modern warfare.

Dr. C. C. Cox then spoke as follows:

Mr. President: I have studied no language of laudation to offer upon this occasion, having but a short time since heard of the demise of the distinguished *savan*, whose virtues we are assembled to commemorate.

No one, I am sure, read the announcement in the morning papers of the death of Sir James Y. Simpson without a thrill of the keenest emotion. The telegraphic dispatch, although starting from a point thousands of miles distant, comes to us in the form of a personal bereavement. We feel as though some mighty spirit had fallen away out of our own immediate ranks, so completely do the name and virtues of Dr. Simpson penetrate all communities of civilized men.

I do not rise, sir, to enlarge upon what has already been so appropriately said by the gentlemen who have preceded me, but it is pleasant to speak of the illustrious dead; and although we add nothing to their fame by these demonstrations, and contribute nothing to their benefit, salutary lessons are presented to survivors when we hold up to public admiration and imitation the memorials and examples of those who have deserved and secured the favorable opinion of their fellow men.

Industry, sir, is not natural to man. Honor, gain, and necessity are its prompters. In the instance of Dr. Simpson it was a duty and a joy. But, notwithstanding his constant and earnest scientific labors, he always found time for social enjoyments and those amenities which constitute so large a share of our daily happiness. Distinguished as Sir James Simpson was in the *specialities* to which so much of his life was devoted, he can hardly be said to have been *homo unius libri*, since he acquired distinction in physics, belle-lettres, and theology. It may be said that he was Mæcenas of the ancient and classic city of Edinburgh. His house was ever open to men of letters, and his breakfast table especially, (as I have good reason to know,) was never without representatives of the various departments of useful knowledge. It was on these occasions that his genial character, unobtrusive modesty, and vast attainments were most conspicuously manifested.

To Americans he was especially kind and courteous. I remember most gratefully my own cordial reception at his hands. It was my good fortune to be under his roof, to ride with him on his daily professional rounds, and to visit his modest infirmary, so familiar to my friend, Dr. Storer, and I can truly say that my intercourse with that great and good man are among the most agreeable receptions of my foreign sojourn.

Standing as it were by the open grave of our illustrious friend, pointing as it does our own frail mortality, how emptily seem to us all worldly distinctions! How petty the jealousies and struggles which fill our own brief space of existence! As we cordially vote upon the resolutions offered, let us hope that our own lives may be marked by useful achievements, and that over our dust may rise the fragrant memory of good deeds!

General R. D. Mussey then rose and said:

Mr. Chairman: I appear here only by your courtesy, in one sense, for I am a layman; but in another and larger sense, I am here of right, for to me too, the news of Dr. Simpson's death was the intelligence that I had lost a benefactor. I know it is somewhat presumptuous in me to undertake to represent the loss which the men and women who know your noble profession Sir, not to practice it but to be benefited by it, feel in the death of this great man. And yet I cannot refrain from saying how earnestly, how sincerely, how heartily we deplore it. There are none of us that have not through ourselves or through those that were dearer to us than ourselves, been the partakers of the bounty that his courage and science has given to humanity. I feel Sir, that I can not return their thanks who through him have had the terrible pains of maternity relieved if not destroyed, to woman, Sir, who is a mother, but her eyes will grow moist as she reads the sad news the cable has flashed to us, and her heart frame, if her lips do not utter thanks to the Lord for the life whose termination we deplore. "Whose termination" do I say? No, Mr. Chairman and Gentlemen, his life has but just begun. No man lives till he has given away his life for others, and that Dr. Simpson has done. I know of few grander pictures of heroism, of self-sacrifice, of high Christian courage than that which the popularly received account (and it is the correct account too, as I am assured by Dr. Storer,) of the discovery of chloroform by Dr. Simpson afford. Dis-

satisfied with the sulphuric ether, theretofore used for anæsthesia he, with his students, shut himself in his laboratory, and tried the various effects of the contents of its many vials. Think of it, sir, standing there fronting unknown dangers, experimenting with subtle and potent essences and reagents, caring nothing for himself or his safety, or his own life, if only he might help others lives. Such scenes show that though your professional man may sometimes school and repress his emotions that cooler judgment may aid his client or his patient, yet a warm heart beats behind the scientific brain, and nerves it for its work. Such a meeting as this shows that you of his profession deplore Dr. Simpson's loss not only as a physician, but as a man; and that you are bound to him by ties of humanity as well as of science. Unable to fully appreciate, as you do, his scientific attainments and superiority, I can yet join with you in your admiration of him as the Christian man, the lover of his race, the benefactor of his kind, who supplementing the discovery of anæsthesia by the discovery of the most efficient means of producing it, and by its application to I do not hesitate to say, its noblest and most beautiful use, that use for which we would, if need be, surrender all others, has placed himself beside that discoverer on the highest niche of the benefactors of mankind, and won an immortality as permanent as human suffering, and as grateful as human thanks for heavenly mercies. I know not, Mr. Chairman, what shall be placed upon his tombstone, but when I think of his great benefaction to man and woman, when I remember his unwearied incessant activity in the Lord's work, those precious words of the Psalmist come to me as showing at once what the Lord has done for him, and what in humble imitation of the Great Physician, he has done for others: "He giveth his beloved sleep."

After remarks by other members of the meeting, Dr. A. Y. P. GARNETT moved that the proceedings of the meeting be sent to all the daily journals of Washington, with abstracts of the remarks made.

Dr. NOBLE YOUNG suggested that a copy of the minutes be sent to the permanent secretary of the American Medical Association; which was agreed to.

Dr. HALL then moved that the members should sign the resolutions. Adopted.

The resolutions were seconded by the following physicians and signers: Dr. Thomas Miller, president; Surgeon George Clymer, U. S. N., Professor Noble Young, Dr. L. P. Bush, of Delaware, General J. K. Barnes, U. S. A., vice presidents; Drs. J. C. Hall, H. Van Aerna, Commissioner of Pensions; W. P. Johnson, William M. Wood, U. S. navy; Henry Lindsley, Johnson Eliot, W. W. Potter, J. W. Buckley, C. C. Thomas, R. King Stone, J. Taber Johnson, J. M. Toner, S. J. Radcliffe, G. S. Palmer, J. F. B. McCleary, D. W. Bliss, D. S. Edwards, Nathan S. Lincoln, Basil Norris, Geo. A. Otis, U. S. A., R. E. Williams, R. C. Deane, Horatio R. Storer, John L. Sullivan, J. Ford Thompson, U. S. A., B. F. Craig, W. M. Walsh, J. J. Woodward, D. S. Lamb, W. Marbury, A. Y. P. Garnett, W. D. Steward, C. C. Cox, P. R. Hoy, Joseph Walsh, R. Howard, Joseph Carson, Thomas Antisell, John C. Riley, J. F. Hartigan, J. E. Dexter, S. S. Bond, Flodoardo Howard, P. H. Brennan, H. W. Sawtelle, John S. Billings, C. H. Laub, C. F. Nalley, C. C. H. Fenwick, J. D. Barnes, Charles Smart, U. S. A.

The meeting, which comprised a large number of the principal medical men of the District, and also many from distant parts of the country then adjourned.

Correction.

In Dr. Vanderpoel's article in No. 688 of the REPORTER, on the use of strychnia in tetanus and hydrophobia, the dose mentioned should be 1-16 to 1-12 of a grain; not 1-6 to ½, as it was then give n·

University of Pennsylvania.

At the surgical service of this institution on Wednesday, of last week, under the charge of Dr. Hayes Agnew and J. E. Garretson, the following cases were presented and treated in the ampitheatre:

Housemaid's knee—four years standing, great thickening of sac, with ulceration; hypospadias—the urethra opening near the scrotum; double hydrocele with hernial complications; hare lip; sebaceous tumor; hypertrophy of tonsil glands; pedunculated tumor of cheek; cystic tumor of submaxillary regions; elongated uvula: bursal tumor of hand; epithelioma of cheek; epithelioma of labial commissure.

We expect soon to present to our readers full reports of these valuable clinics.

MARRIED.

PECK—THACHER. At Albany, May 11th, at the residence of the bride's brother-in-law, George S. Weaver, esq., by the Rev. Horatio W. Brown, Nathan Peck, of New York, and Ella M., daughter of R. Thacher, M. D., of Brockport, N. Y.

PITTS—PITTS. In the Buckingham, Presbyterian Church, April 13, by the Rev. Wm. D. Mackey, Dr. John W. Pitts and Miss C. Annie Pitts, all of Berlin, Md.

RUSSELL—GRIMES. May 10th, in the Presbyterian church at New Windsor, Carroll co., Md., by the Rev. Jno. A Earnest, Dr. Charles F. M. Russell, of Loudon co., Va., and Miss Maggie A. Grimes, of New Windsor.

STRICKLAND—PATTERSON. On the 5th inst., by the Rev. Calvin W. Stewart, D. H. Strickland, M. D., of Erie Pa., and Lætitia D. Patterson, youngest daughter of Jas. Patterson, Esq., of Little Britain, Lancaster co., Pa.

DIED.

REA. Dec. 30th, 1869, in Cross Creek Village, Pa., James L. Rea, M. D., aged 32 years.

TILDEN. Dr. Daniel Tilden, one of the most distinguished physicians of Northern Ohio, died in Sandusky, aged 82. He was in active practice for 57 years.

WENRICH. At Wernersville, Berks co., Pa., on the 28th of April, Lizzie Maria, child of Dr. R. D., and Sarah Wenrich, aged 11 months.

METEOROLOGY.

MAY.	9,	10,	11,	12,	13,	14,	15.
Wind.....	W.	N. E.	N. E.	S. W.	N. E.	N. W.	S. W.
Weather.	Cl'dy	Cl'dy	Cl'dy	Cl'dy	Clear	Clear	Clear
	Sho'r	Rain.	Rain.	Sho'r			
	T & L	T & L		T & L			
DepthRain	5-10		9-10	3-10			
Thermom....							
Minimum..	54°	49°	46°	45°	50°	49°	60°
At 8, A M.	58	52	50	55	60	61	71
At 12, M...	68	54	53	66	69	73	79
At 3, P. M.	69	53	54	67	70	74	81
Mean.....	62.25	52.	50.75	58.25	62.25	64.25	72.50
Barometer..							
At 12, M...	29.8	30.	30.	30.	30.	30.1	30.1

Germantown, Pa. B. J. LEEDOM.

THE

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Original Department.

Communications.

WOUNDS OF THE SKULL.

By Philip S. Wales, M. D.,

U. S. Navy.

II.—SIMPLE FRACTURE WITH DEPRESSION.

The additional complication of simple fracture with depression, confers upon the case greater gravity, because the brain and its membranes are more likely to be involved in mischief, but no calculation can be made as to the amount of mischief likely to arise from the degree to which a part of the skull has been depressed. In some cases, a very slight depression produces marked symptoms of compression, in others, a very considerable degree is not so attended. The explanation of the difference is, in the present state of science, difficult or impossible, yet the statement just made remains a clinical fact.

There are two classes of cases of simple fracture with depression, requiring discrimination. First, those in which though there may be depression, the bone does not press upon the brain in such a manner as to give rise to symptoms of compression. Second, those in which along with depression there is conjoined more or less compression.

We shall first consider *simple fracture with depression and without compression.* Here, after the skull has been the recipient of a severe blow, the scalp perhaps presents a more or less bruised appearance at the point of injury, the depressed position of the bone is evident to the fingers and may be to the eye as well. We must not let ourselves be led astray by an apparent depression of the bone, sometimes seen depending upon an alteration in the soft tissues by a blow inflicted with a flat instrument, which condenses that portion of the scalp struck, while the blood poured out into the surrounding cellular tissue produced a sensible elevation around the condensed portion, the margin of which conveys a sensation similar to that of the edges of a fracture, which may deceive unpracticed fingers or the careless attendant. This mistake is all the more liable to occur if this condition of the scalp is connected with some degree of concussion, or with compression from effused blood.

If any error should be committed in this respect when this condition of the scalp is conjoined, as it is sometimes, with fracture, a person might be led to estimate falsely the amount of depression, taking it to be greater than it really is.

It is not very likely that any one would be deceived, as Hippocrates is said to have been and actually trephined a patient when no fracture existed, by a suture; but under certain conditions malformations of the skull might lead to great embarrassment, as related by Gross, in a case of a man stunned by a blow which inflicted a wound situated over a ridge just behind the lambdoidal suture. The finger passed around the wound showed the existence of a broad, deep hollow, looking very much like a depression from fracture; it was ascertained to be the result of malformation. In the majority of cases, the fracture is comminuted and the displaced fragments may, in such instances, be moved with the fingers, showing them to be entirely detached from continuity with the balance of the cranial vault, but in others, they resist any effort at displacement, being firmly connected with the adjacent bone, indicating less comminution, and, therefore, affording a greater probability that the cerebrum has not been wounded, as it would be more apt to be by smaller and entirely de-

tached pieces. As respects the character of the fracture, however, there is considerable variety. The force almost always produces a greater extent of damage upon the inner than the outer table; and this has been attempted to be explained by the well-known greater brittleness and thinness of the former; but though this may, in part, contribute to this result, it is not the whole cause, for both observation and experience teach, that the direction of the wounding body has a share in the result also. In explanation of this subject, we may refer for the best illustrations to the records of military surgery. Those cases in which a ball has passed through the head, present at the aperture of entrance, perhaps, a hole not much larger in the outer table than the ball, while the inner is broken twice or three times the extent, and at the aperture of exit, exactly the reverse is seen, the external table being more extensively broken than the inner. So that it would seem, accepting it as a law (as any one will readily do,) that a body put in motion and striking another, imparts to the latter a part of its force in proportion to the resistance offered, that the external table of the skull being more firmly supported by the diplöe and inner table, offers the greater resistance to the impinging body, and therefore the communicated force increases in intensity with this resistance until it reaches the internal table, which at once gives way, and suffers more largely than the external, both because it has the greater force to resist, and is less support from behind to bear this force.

In the second class of cases, *depression with compression*, we not only have the symptoms of concussion, and displacement of the broken bone, but also have superadded the effects of the pressure of these pieces of bone upon the brain; as we have said before, there is no proportion between the amount of depression and the effects produced, for we may have considerable of the former with very slight or even no indication of compression, while on the other hand, a small amount of displacement has produced great impairment of the cerebral powers. Such symptoms, when they arise from the bone pressing on the brain, are generally developed immediately, the patient is unconscious from the beginning, with embarrassed breathing and respiration. Compression may also arise later in the case, but then it is the result of effused blood or the formation of pus; in the former case, the symptoms although they may begin immediately by the rupturing of a vessel and the pouring out of blood, yet some time is commonly occupied in its progress to the establishment of compression; where pus is the cause compressure does not come on until some days, and will be preceded by symptoms of inflammation.

All these cases, like those of the first class, are always dangerous to life, and often fatal, not only because they exert compression upon the brain, but also because the brain and its membranes are wounded and lacerated by the spiculæ of bone driven in upon them, lighting up inflammation which but too often extinguishes life.

The treatment of depressed fracture varies. In those in which there do not arise any symptoms of compression, or if they do, they are slight, and show a disposition to recede, and as far as can be inferred from digital examination, the fracture does not appear much comminuted, we would do well to follow the advice of such eminent authorities as Dupuytren and Sir A. Cooper, and abstain from operative interference, hoping that nature will enable the brain to accommodate itself to its altered relation; and pending this adaptation we should watch with unflagging attention for the occurrence of inflammation, which is so commonly present and fatal in these injuries, and endeavor to suppress, or at least check, its progress by the application of pounded ice to the head, general bleeding, and active purgation. Such is the course recommended now by the majority of authorities in this class of cases, and it seems to be consonant with both reason and experience. But we are inclined to believe that these indications are unhappily not the only ones in most cases of depressed fracture we are called upon to treat, and we feel bound to state that some surgeons, observing the frequency of secondary complication originating in the wounding of the brain and its membranes by the depressed spiculæ of bone, advise trephining, although no symptoms of compression present themselves, for the removal of these hurtful bodies, and thus avoid an inflammation most certain to follow their continual presence. Even if such a course should not be efficacious in checking the course of the inflammation, they assert that there will at least be an issue for secreted or effused fluids, which will give the patient a greater

chance then if these remained penned up within the cranium.

Although the previous class of cases may originate a divergency of opinion, there is more unanimity upon the other class of depressed fracture in which there is marked and persistent compression. It is extraordinary how long this condition may exist and the patient live and finally recover. The longest recorded was in the case of a man who fell from the mast of a ship, related by Sir A. Cooper in his lectures, fracturing and depressing the skull. He lay insensible, deprived of all power of volition and sensation, but breathing without any great difficulty; the pulse was regular, his arms extended; his fingers moving to and fro to the motion of his heart so that you could count his pulse by the motion of his fingers. If he wanted food he had the power of working his lips and tongue, and this action of his mouth was the signal to his attendant for supplying his wants. The man remained in this condition upwards of *thirteen* months, when Mr. Cline trephined and raised the depressed bone. The motion of the fingers stopped on the completion of the operation which took place at one o'clock in the afternoon; at four the man was sitting up, and in four days was walking about, and was finally restored to all the functions of the mind, and almost all the powers of his body.

Now, when compression is persistent and particularly if the bone is much fragmented, a condition under which inflammation is almost certain to occur, the rule of practice is to raise the depressed bone with the elevator if there is room to get it in; if there is not, make room by sawing off an adjacent piece of the sound bone, either with Hey's saw or the trephine. Take out all pieces of bone entirely detached, whether they be at the natural level or depressed, then bring the edges of the wound, made for the application of the trephine, lightly in contact and maintain their position by points of suture. Apply pounded ice or ice-cold water to the head and have recourse to the most rigid antiphlogistic treatment to prevent inflammation if possible; if that cannot be done, to subdue and limit it.

III.—COMPOUND FRACTURE.

Compound fracture is one in which the injury to the skull communicates with the external air, through a wound in the scalp. The condition of the bone, in such cases, varies; the fracture may be single or communicated usually the latter, depressed or without disturbance of position of the fragments; and attended with or without compression. In some instances a part of the cranium has been sliced off entirely, or left attached, held by a neck of bone, according as the instrument, usually a hatchet or sabre, impinges perpendicularly or obliquely. The same instrument may produce a linear break in the external table while the internal one is much comminuted. This unequality of fracturing effect upon the two tables is characteristic of that variety of fracture, which from its mode of production by a pointed instrument, as a pick, bayonet, head of a nail, &c., is called *punctured*, the outer table corresponding in size with that of the wounding agent, and the inner one being extensively shattered, and almost always depressed. Bullets and small fragments of shell occasionally producing the same effects, and I have seen one instance at least where the fracture in the outer table was smaller than the bullet, the fibres of the bone seemingly yield by elasticity to the passage of the bullet, and then resuming their original position. These small missiles are of great weight in proportion to their size, and impelled with great velocity, have their effects restricted within narrow limits. Larger missiles, as shells, produce injuries of much greater extent; but I have seen the greatest effects produced upon the cranium, by falls from heights, as scaffolds and masts of ships. In one of my cases, the man fell a distance of ninety feet, fair on his head; he was killed, of course, upon the spot; the cranium was literally broken to pieces, yielding to the pressure of the finger in every direction.

Compound fractures are extremely inimical to life, from the force required to produce them, always attended with more or less concussion, often complicated with compression either from depressed bone, or blood effused from ruptured vessels; and should these dangers be passed, equally formidable ones remain to be encountered in the excephalic inflammation and suppuration arising a few days or even weeks later from injury done the brain by depressed fragments. Some times the venous sinuses are opened, or the middle artery of the brain lacerated, threatening life from hemorrhage. Yet again, the brain itself may be lacerated and crushed out by the violence inflicted, or subsequently proliferate with such rapidity as to project beyond the broken skull under

the form of a tumor known as fungus or hernia of the brain.

The mere loss of bone, abstractly considered, does not imperil life, for there are cases recorded where the greater part of the vault has been lost and the patient recover. Such a one is recorded in the *Dublin Quarterly Journal of Medical Science*, for February, 1869, in the case of an unmarried woman, 70 years of age, who, in an epileptic fit, fell into the fire, fracturing the right parietal bone, and having the head burnt severely. She recovered from the immediate effects of the injury, and three months later, while her sister was washing the head, the necrosed calvaria glided over her face into the basin, leaving bare the dura mater, covered with healthy looking granulatives, and perforated with three or four small holes, through which the brain substance could be seen. The bone which came away comprised a small piece of the frontal, almost the entire two parietal, and a bit of the occipital bones, measuring seven inches from before backwards, and nearly five from side to side, at its broadest part. The raw surface skinned over entirely, and the woman's health was re-established.

When besides injury to the bone the dura mater is wounded, the case immediately assumes a dangerous aspect; the simple exposure of this membrane is even attended sometimes with worse effects, as is seen in the operation of trephining for epilepsy, or other secondary effects of brain injury; the removal of a button of bone without wounding the dura mater so impairs its vital activity as to frequently result in inflammation of this membrane, and subsequent death of the patient.

The existence of compound fracture is easily ascertained by exploring the wound with the finger; the jagged edges of the bone are felt, and the detached portions easily movable; the scalp is generally more or less injured by contusion and laceration; the patient always labors under concussion in some degree, and often compression, also; or both may be conjoined in the same case. The concussion is so great in some cases that the patient never reacts; in others, reaction is delayed twenty-four or forty-eight hours. We cannot decide from the amount of cerebral disturbance of this sort the amount of injury to the bone, for there is, as stated before, no proportion between the two. In illustration of this, I may add the following case:

A man named I. G., aged 17; a Spaniard, was struck by a fragment of iron or wood upon the occiput a little to the right side, during the attack upon Forts Phillip and Jackson, April 24, 1864. The scalp was incised to the extent of two inches, and the skull fractured and somewhat comminuted; right side of the body was also contused. This man did not lose his consciousness notwithstanding this amount of injury. The loose fragments were removed through the wound, cold water applied to the head, and saline purgatives given. The patient remained perfectly rational until the 28th, when his mind manifested a little wandering, and his sight became impaired; wound suppurating; on the 30th he became unconscious; the discharge from the wound offensive and sanious; the dejections passed involuntarily. Died comatose on the first of May, seven days after the infliction of the injury.

An attempt has been made to explain this want of correspondence between the injuries inflicted and the effects manifested on the part of the brain, by supposing that the force communicated to the head is destroyed or consumed in overcoming the resistance of the bone, and thus the brain escapes with little injury, so that according to this view the concussion is greatest where the skull is least hurt, and *vice versa*. This was the accepted belief in the days of Pott, who nevertheless did not share it; for he remarked that though this may sometimes be the case, violent and even fatal commotion of the brain happens when no injury has been done to the skull, and very large and terrible fractures are sometimes unattended with any symptoms of concussion. All this is sometimes true, but the position can be by no means admitted as a general principle, whereon to form our judgment, or whereby to regulate our conduct; experience frequently contradicting it—and he further adds that the symptoms attending concussion are generally in proportion to the degree of violence which the brain itself has sustained, and which indeed is cognizable only by the symptoms.

Now as to the treatment. In all cases, it will be the prime and first object of the surgeon to re-establish the vital powers to their force by counteracting concussion with the stimulants given internally and applied to the nose. This must be done cautiously so that in the one case not to pour any fluid down the trachea, as the patient is in many instances unconscious, and

therefore unable to swallow; and in the other not to produce inflammation of the mucous membrane of the respiratory passages. In one case I introduced stimulants into the stomach with an elastic tube, and resuscitated my patient. Use heat to the skin, and I know of no better way than by wrapping the patient in a blanket wrung out of hot water; it thus served me a good purpose in several instances, hot bricks to the feet, and sinapisms to the precordia. When reaction has been established we must watch for and combat inflammation by the most rigid antiphlogistic means.

The local treatment will be governed by the character of the injury, and the nature of the weapon with which it has been inflicted. In these cases in which part of the skull has been sliced off entirely with a sabre or hatchet it will be the best practice to remove the bone, for it will almost surely necrose. Paré recommended that the flap be laid down and an attempt be made to obtain bony union.

Blunt instruments, as clubs, comminute the bone often to a considerable extent, and depress the fragments here whether there are symptoms of compression present or not; elevate the bone if there be plenty of room without trephining, if not, enlarge at once with that instrument; the objects you have in view are, to remove the pressure from the brain, and to extract all spiculæ of bone which, if left in, almost surely establish inflammation. Secure these results as soon as possible. You may have to enlarge the wound in the scalp to apply the trepline; it adds no additional risk, as when the seat of injury is once exposed to air, a little increase or decrease in the size of the wound is not going to influence the result.

If we have ever had a misgiving, or doubt as to the propriety of operative interference in the preceding cases of compound fracture, in the class of cases resulting from puncturing instruments, as the bayonet, point of a pick or dirk, already considered, none present; for in all such cases the inner table is splintered and driven upon the brain, and the only hope, the *remedium unicum*, is to remove them at all hazards. Apply the crown of a large trephine to the skull including the hole produced by the injury, and carefully fish out all spiculæ of bone you may encounter; do this gently, you will not then inflict any additional ill upon the already lacerated brain, and your patient's chance, though slim indeed, will certainly be improved. It is always best to do this early, but even when inflammation has set in the operation will be of service, in not only removing the cause of irritation, but in the event of abscess, by giving issue to the pus. So the rule of practice will be in punctured fracture, always apply the trephine.

The compound fractures of the skull produced by gunshot possess nothing peculiar, beyond the manner in which they are inflicted, and being more often complicated with the presence of a foreign body. Much discussion has been indulged in with regard to the propriety of using the trephine in these cases. Some, as Stroymeyer, wish to condemn it entirely; others, as Scrive and McLeod, to limit its application to those cases only in which the bone is deeply depressed, the patient comatose, with sterterous breathing, a slow pulse, and a dilated pupil.

In a criticism, by Duplay, upon a discussion at the Paris Society of Surgery (Archives Générales de Medicine, Sept. 1867,) we find that the members of the Society who took part in the discussion, were agreed that the operation was a useful one, and that its proper dangers were not at all comparable to the good it might effect. M. M. Lefort and Legouest, both surgeons of experience, in particular, presented statistics, drawn from civil and army practice, which showed conclusively that the responsibility of the trephine in causing death was not so great as had been ascribed to it. The former surgeon adduced thirty-three cases, in which the trephine had been employed when the lesions of the brain were not serious. Of these nine died; but these should be excluded, as the true cause of death was, respectively, rupture of the renal vein, multiple fracture of the ribs, with emphysema, and long spiculæ driven into the brain. And the general conclusions arrived at were that: First. The trephine should not, as a rule, be resorted to, where no cerebral symptoms were present, except in compound fractures, *and particularly those produced by gunshot fractures* with considerable depression of bone, fracture and detachment of the inner bone, and when foreign bodies infringe upon or are driven into the brain. Second. When brain symptoms are present, the operation should be performed, if they point to localized lesions; whereas, it should be abstained from if the symptoms are denotive of deep-seated and diffused lesions. Third. The procedure is contraindicated where the stage of coma,

along with insensibility, and often stertor, have persisted since the time of injury; and the same rule is applicable when persistent general convulsions, with fever, delirium, and cephalalgia set in. The former condition implies serious and deeply-seated lesions of the brain, of themselves necessarily fatal; and the latter point to encephalitis developed about the contused or disorganized brain. Fourth. Symptoms of compression and local irritation, such as hemiplegia, epileptiform convulsions, and limited spasms of paralyzed limbs, arising immediately or consecutively, are a formal indication for the trephine, particularly if one recognizes a local lesion capable of explaining their development. Fifth. The operation is permissible, even where serious symptoms arise some time after the accident, as the only chance for life.

We believe that the above conclusions will meet with the approbation, and nearly coincide with the experience of most surgeons who have seen much of such injuries.

The indication in compound gun-shot fracture, to remove foreign bodies, as well the fragments of broken bone, cannot be too much insisted upon; pieces of the blades of sabres or knives, when any portion of them is above the level of the skull, may be seized with a strong pair of forceps and removed; if the object cannot be so seized, the corner of a trephine must be placed above it, and the button of bone, in which it is embedded, removed. The same treatment may be applied to bullets lodged in the skull, but sometimes these penetrate and are lost in the substance of the brain. Larry advised us in the pursuit of such objects, to explore with a soft, flexible, gum elastic sound but all such tentatives must be had recourse to with a great deal of caution and gentleness. An interesting example of gunshot fracture, in which I trephined and was successful in extracting all the spiculæ and the foreign body, came under my care during the late war. An Irish sailor, aged 31, in robust health, was struck April 24, 1862, at the attack on New Orleans, with a fragment of shell just above the middle of the right parietal bone, producing a fracture and lodging in the substance of the brain, some of which escaped at the time of the injury. There was severe concussion; depression of pulse, contracted pupils, the right one more than the left, coolness of surface, and unconsciousness. Reaction did not come on, until the evening of the twenty-fifth, when the pulse rose, skin resumed its warmth, pupils dilated equally, but he still remained unconscious; the muscles of the right side of the face and arms were in constant spasmodic motion; on the twenty-sixth became conscious, asked for a vessel to relieve his bowels, and seemed altogether more comfortable; the muscular motion were continued.

The case remained pretty much in this condition until May 3d, when it came under my charge. On the evening of this day febrile action set in and he became a little delirious and had an involuntary discharge from the bowels. I examined the head and found a small wound three-quarters of an inch in length, through which the point of my finger could easily detect the jagged margin of the small aperture in the external table of the skull. He was directed to be thoroughly purged, and to have cold water applied to the head. May 4th, grew gradually worse; delirious, tossing his limbs about the bed, but would answer when spoken to. The aperture in the skull was plugged up with a projecting part of the brain. I applied the crown of the trephine and removed a portion of the bone bordering the fracture, which enabled me to remove several pieces of the inner table of such size that it would have been impossible to have gotten them through the original wound. A quantity of pus and broken down brain matter also issued. The fragments of the inner table had been broken in long spiculæ and driven into the brain. I had seized the external extremity of one of these with my forceps, and in using gentle traction to extract it, I became conscious of a pecular sensation as though it were rubbing against some foreign body, and the conviction was forced upon my mind that it was the fragment of shell.

The forceps were cautiously handled, and good fortune enabled me to seize and draw to the exterior an irregular fragment of a shell, about the size of the point of my finger. The patient was much more quiet and composed after the operation. The patient remained semi-unconscious during the fifth; the left side of the body is paralyzed while the right arm and leg keep in continual motion; his sleep is disturbed and evacuations involuntary; all through the sixth he remained delirious, groaning and talking continually. Nearly in the same state on the seventh, fungoid growth or hernia cerebri rising above the scalp; on

the eighth became totally unconscious, comatose, and died on the evening of this day, two weeks after the infliction of the injury. When in compound fractures the trephine has been applied, and all causes of inflammation removed, whether fragments of bone, shell, blades of knife, or bullets, the wound should be brought together with sutures, and cold water dressings applied.

RELAPSING FEVER.

By F. S. Jaquett, M. D.,

Of Philadelphia, Pa.

The first notice which we have of this disease in America is an account of fifteen cases in 1844; in this year fifteen cases answering to the description of this affection, were admitted into the Philadelphia Hospital; the name *relapsing fever* was not, however, applied to them. The patients, as stated in Flint's Practice of Medicine, were Irish, and all came over in the same vessel. These cases were observed by Dr. Meredith Clymer, and were reported in his work on fevers. Professor Flint also states that Dr. A. Dubois in 1848, reported some cases; vide Transactions of American Medical Association, vol. II. Fifteen cases occurred to Prof. Flint in 1850, which are reported in his work, entitled "Clinical Reports on Continued Fever." All these cases were among recent Irish immigrants. Prof. Wood in his treatise on Practice of Medicine, Ed. 1852, says that, "We have no certain proof of its existence in this country." Dr. Da Costa in his work on Medical Diagnosis, Ed. 1864, says, "In this country it is unknown," and he describes the disease wholely from published sources. In the fall of 1869, it appeared in New York city. The first case of which I can find any report was admitted to Bellevue Hospital on the 3rd of November. The first case of which I have any personal knowledge in Philadelphia, I met with on the 5th of March last. From that date to the present time (May 25,) I have met with over forty cases, of which number I have taken notes of thirty-seven. The cases present so much sameness that the detail of a few will give all the distinctive features of the disease.

Case I.—Mrs. T., æt. about fifty years. On March 5th was seized abruptly with a chill; this was followed by a high degree of fever; very distressing pain in the head, and rheumatoid pains in limbs; vomiting of bilious matter and great prostration. I first saw her on the 10th of March; the above symptoms continued without any abatement. On the 13th, being the 7th day of the disease, the crisis occurred, and I found her sweating profusely; she was perfectly free from pain and complained only of debility. On the 17th she came down stairs, still complaining of great weakness. On the 20th she had a severe chill, followed by high fever, by return of headache and pains all over the body; the bilious vomiting also returned. This state of things lasted in a varying degree until March 26th, when she began again to sweat, the fever and other symptoms disappearing, except the rheumatoid pains, which continued up to April 1st. She recovered strength very slowly. In this case the first stage was seven days; the interval was also seven days, and the relapse occupied six days. This may be taken as a typical case.

Case II.—Susan T., æt. sixteen years, daughter of the above patient.

April 12th, was seized, also abruptly, with rigors. She had previously been well. The chill was followed by fever, burning heat of skin, vomiting of bilious fluid, head ache, and very severe pains over the whole body.

April 16th. Still fever, pains continue without any abatement.

Insomnia.—April 17th. Crisis occurred last night, found her sweating very freely. She felt perfectly comfortable but was very weak. She was able to come down stairs.

April 24th. This evening she was taken with a slight chill, followed by a return of all the former symptoms, fever, nausea and bilious vomiting, severe pains and delirium.

April 25th. Fever continued, the pulse was 108. The delirium had passed off.

April 27th. The patient had again become somewhat delirious.

May 1st. Began to sweat. All the symptoms had passed off. Debility only was complained of.

In this case the first stage was five days, the interval seven, and the relapse seven.

The daughter was not taken until thirty-eight days after the mother, and some two weeks after the latter had fully recovered, although she was constantly engaged in attending to her. None of the other members of the family contracted the disease.

Case III.—Mary L., æt. sixteen years.

April 4th. Abrupt chill, followed by fever,

burning heat of skin, severe pain in head, and pains in limbs resembling rheumatism. Bilious vomiting; delirium; free epistaxis; bowels regular; urine very scanty; prostration; complete anorexia.

These symptoms continued until April 9th, when very free diaphoresis occurred; the pains all passed off and she complained of little but debility. She passed from the bowels three ascarides. The tongue was dry and glazed, a regular typhoid fever tongue. There was tympanites, and tenderness in both iliac fossæ. There was also a slight rose colored abdominal eruption of say fifteen to twenty spots. She gradually improved, regained her appetite, insisted upon coming down stairs, and amused herself by reading and sewing.

April 16th. Taken with a chill, followed by a return of all the former symptoms including delirium.

April 17th. Not so much fever, but complained of very severe pains in limbs.

April 18th. Pains relieved. The fever still continued.

April 21st. The fever had left her; sweating came on. No appetite.

April 24th. She had improved very much; was gaining strength; appetite had become good. The duration of the first stage in this case was five days. The relapse took place on the seventh day from the crisis, and the relapse occupied five days. No one else in the house took the disease.

Case IV.—Jno. D., æt. 13 years, was seized on the 15th of April with a chill, followed by fever, pain in the head, back, and limbs; bilious vomiting; pulse 120; considerable delirium.

April 19th. Remained about the same. His mother stated the fever was always at the highest point at about noon. Burning heat of body; constant delirium except when the attention of the patient was fixed.

April 20th. Case continued about the same; debility.

April 21st. No sleep; delirium. He imagined that the pictures on the wall were talking to him; saw imaginary dogs, etc., in the room. Complained of no particular pain; the fever still continued.

April 22d. Crisis. Very free diaphoresis. The fever, pains and delirium had passed off.

April 23d. When I called, I found that he had gone out into the street. He still complained of debility.

April 27th. Relapse. Chill, followed by fever; return of pain in head, back, and limbs. Delirium. He remained in this condition for about five days, when the symptoms gradually passed off, leaving only debility remaining. Here the first stage was seven days; the interval five, and the relapse occupied about five days.

Case V.—John G., æt. 40 years, uncle of the above patient, and lived in the same house.

April 17th. Rigors came on at 9 o'clock, A. M. Then fever; pain in the head; very excruciating pain in the limbs; bilious vomiting; no delirium.

April 21st. The crisis was ushered in by very free diaphoresis.

April 22d. Free from fever, still complained of pain in the head and limbs, but not so severe as before. He complained still of nausea and vomiting, and also of debility.

April 25th. The relapse took place, being ushered in by a chill; return of all the symptoms in a mild form; these passed off in about three days. This was altogether a mild case of the disease. Here the first stage was four days, the interval four, and the third stage three days.

Cases V, VI, VII.—Three brothers, Joseph, George and James H., æt. respectively 9, 6 and 4 years, were taken sick April 24th, in the evening. During the day they had been quite well; their parents took them in the afternoon over the river to Camden. Soon after their return, they were simultaneously attacked with chills; then very high fever followed; they all complained of very severe headache, and pain in backs and in limbs; vomiting; burning heat of skin; same amount of delirium in all of them; all were affected alike and in about the same degree; these symptoms lasted with decreasing severity until the 30th, when they all began to sweat at about the same time, the former symptoms passing off; they were left very weak and languid.

May 6th. All three had relapse; the symptoms were not severe and passed off in a few days.

The father of the above children, a tavern keeper, had been for some years a hard drinking man. On April 27th, at 5 o'clock A. M. he was seized with convulsions, of which he had seven previous to my seeing him. At the time of my visit, he was tolerably clear in intellect, was suffering very much from pain in

the head, and was very nervous. He was put on bromide of potassium ʒ ss., and valerianate of ammonia gr. x., every hour; cold applications to the head, and sinapisms to the feet. There was after this no return of the convulsions. He had considerable fever. He likewise complained of pains in the limbs. I could not ascertain whether there had been any chill. There were delirium and insomnia. The delirium came on gradually and constantly increased. He spent his time in picking up imaginary serpents from the floor, and answering persons whom he supposed to be talking to and grinning at him. Symptoms of meningitis gradually appeared, and effusion or hemorrhage from the giving way of some of the cerebral vessels, probably took place, for he gradually passed into a condition of low muttering delirium, and finally into profound coma, with stertorous respiration, in which condition he died. Whether the fever poison had anything to do with this case, or whether the *whole* train of symptoms were caused by the very free and daily use of liquor, I am unable to say. This case occurred in a neighborhood which is the very hot bed of the disease, the patient having been surrounded on all sides by the disease, and also in constant communication with persons residing in houses where the disease prevailed. Numbers of cases have been removed from this neighborhood to the Philadelphia Hospital and the municipal hospital. Up to the present time I have seen but three cases of relapsing fever attended with convulsions, and all three were children. I am, however, inclined to think the fever poison had something to do with this case.

Case IX.—Dennis T., æt. 25 years had been shad fishing on the Delaware, at Gloucester. He began to complain on the 5th of May; he denied having had a chill, but upon being closely questioned said that at the commencement he felt cold and anxious to get to the stove. I first saw him on the 9th of May; his mind did not seem very clear; he had intense pain in the head, also in limbs; had been vomiting; had very high fever; pulse 140, and dicrotic; very restless; bowels constipated; delirium.

May 10th. Began to sweat so profusely as to wet his clothing, pillow and bed clothes; pains disappeared. He was put on a tonic mixture consisting of Quinia, Acid Hydrochloric, Tinct. of Nux Vomica and Brandy.

May 11th. The diaphoresis was suppressed, the fever and all the other symptoms, including the pains and delirium, returned. Whether the crisis was imperfect and premature, or whether this state of things was caused by the too early use of tonic treatment I cannot say. Certain it is that when the tonic was suspended, and the previous diaphoretic treatment resumed, diaphoresis again returned, and the crisis was perfect on the 12th, pains all gone, there was no delerium, and the patient was sweating very freely.

May 17th. Chill, followed by fever, delirium, and return of the pains; these continued until the 22d, when he again began to sweat, the former symptoms passing off, debility only remaining. Here the first stage was seven days, the interval five, and the relapse five days.

Cases X, XI, & XII.—Miss T., æt. 23 years, was seized with a chill on 22d of March; fever, pulse 130, very severe pains in head and limbs; bilious vomiting, burning heat of skin; no delirium. (I did not note the exact lengths of time occupied by the different stages of these three cases.) These symptoms lasted about one week; free sweating then came on with a subsidence of the symptoms. After some six days the relapse was ushered in with chill, and a return of all the symptoms. The mother and sister of the above patient were seized on the 30th of March. The disease ran its usual course and terminated in recovery. These patients lived in the third story of the house, and had, but little communication with the other occupants, none of whom contracted the disease.

Case XIII.—Patrick M., æt. 45 years; this man lived in the same house, and belonged to the same family as cases 4 and 5.

April 30th. Chill, fever, pains in head, back and limbs, vomiting. These symptoms continued until May 7th, when the crisis occurred. This man being very intemperate, was ordered whisky, notwithstanding which mania-a-potu came on and he was removed to hospital on the 9th of May. He has since recovered.

Case XIV.—Peter D., æt. nineteen years, a step-son of the above patient, was taken ill at the same time. In his case in addition to the usual symptoms there was extreme prostration. There was also a very strong uræmic tendency, almost complete suppression of urine occurred, the quantity passed not being

more than two or three ozs. in twenty-four hours. There were no convulsions, but there was a semi-comatose condition from which he could be roused, but would immediately relapse. Under the use of diuretics and purgatives this condition passed off and the secretion of urine became free. He was removed to the hospital along with his step-father and has since recovered. In this house, every one of the family, nine in number, had the disease. One, a child of five years of age, had convulsions.

I have notes of a number of other cases, but as the above give all the points of the disease, it would be useless to multiply cases. Since meeting with the first case on fifth of March, I have had the disease under daily observation. I have, in all, attended thirty-seven cases of this fever. Of this number two died. One of these fatal cases, I found dead upon making my second visit. The other I saw but once, but was informed that she died some ten days after. Of the manner of death in either case I could obtain no information. Of the thirty-seven cases observed by me, twenty-one have recovered. Three cases were lost sight of, two were removed to hospital, and nine remain under treatment.

I find it stated in various works on practice of medicine, that *delirium* is very uncommon in this disease. I can only say that my experience is diametrically opposite, for in my thirty-seven cases, delirium occurred in nineteen. In Prof. Wood's work on practice, the author says: "Delirium is occasionally noticed but is not an ordinary symptom."

Headache was complained of in every instance—in most of the cases it was very severe. In nearly all the headache was *frontal.*

Epistaxis occurred in two cases.

Jaundice although stated by authors to be very common, did not occur in any of my cases. Aitken says: "In a large proportion of cases there is decided jaundice, and in others, the skin exhibits a bronzed hue." American Ed: by Meredith Clymer, M. D., 1866, page 443. According to Dr. Jenner, jaundice is present in nearly one-fourth of the cases and is sometimes intense.

Prof. Flint, (Principles and Practice of Medicine, Ed. 1867, page 816,) says, "Jaundice occurs in one of 4.84 cases."

Prof. Wood, (Practice of Medicine, Third Edition, 1850, note on page 358,) says, "in many cases, particularly those of a grave character, the countenance has a peculiar light bronze hue, which on the third or fourth day is followed by yellowness of various intensity, spreading over most of the surface."

Watson, (Practice of Physic, by Dr. Condie, Edition 1858, page 1103,) says, "in many cases, yellowness of the skin occurs, amounting to jaundice. I can only repeat that in none of the cases observed by me did this symptom occur.

Vomiting of a more or less bilious character occurred in thirty-two cases.

Suppression of Urine, with symptoms of uræmic poisoning occurred in one case, viz: in case XIV.

Diarrhœa occurred in two cases, but it may have been the effect of colchicum, which both of these patients were taking.

Mania a Potu complicated one case.

Convulsions occurred in three cases, all young children.

Relapses. In all cases so far, one relapse has taken place, but in none has there been a second relapse.

Pains in the limbs were in nearly every case very severe and resembled rheumatism. In many cases the skin communicated to the hand a burning sensation.

The pulse during the existence of the fever, generally ranged from 120 to 140, and was usually small and feeble. In one case now convalescent it was *dicrotic* for some days.

During the interval most of the patients felt pretty comfortable, and some of them were able to go out; but in other cases the pains continued but in a mitigated form.

The invasion was sudden in every case. I did not observe any considerable amount of tenderness in the region of the liver or spleen.

Deafness occurred in nine cases. The hygienic condition of nearly all the patients was very bad. Even in the cases of persons whose pecuniary condition was good, their occupations related to old clothes, rags, bones, the manufacture of soap from offal, etc. The most of them lived in small streets, courts and alleys where filth abounded in the form of stagnant water in the gutters, also in cellars, cesspools needing cleansing, etc. Their houses generally so built, and rooms so situated as to prevent ventilation.

The Contagion I believe to be very feeble where perfect cleanliness and ventilation are attended to, but it may no doubt be very much

strengthened by neglect of these precautions, and by crowding.

The prognosis I consider to be favorable in nearly every case. It is by no means a fatal disease, and I believe that most of those who have died have been individuals whose constitutions have been broken down by poverty, vice, and intemperance.

Treatment.—During the existence of the fever, I have used the ordinary diaphoretics such as liq. ammoniæ acet., liq. potassæ citratis, effervescing mixture, etc., with spt. etheris nit. In cases where the vomiting has been excessive, I am in the habit of giving hydrocyanic acid—lime water—subnitrate of bismuth—oxalate of cerium—creasote, etc. In cases of severe headache, I use valerianate of ammonia, occasionally bromide of potassium. To relieve the rheumatoid pains, I have used with benefit iodide of potassium, bromide of potassium, also bromide of ammonium, wine of colchicum root, acetic extract of colchicum morphia, etc. In cases of insomnia and restlessness I have used with great benefit chloral hydrate in doses of ʒss every hour, until the effect was produced. *During the interval* I have used tonic treatment in order to prepare the patient as far as possible for the relapse. For this purpose I have used the various preparations of iron, quinia, the bitter tonics, the mineral acids, particicularly the hydrochloric and strychnia. During the relapse I return to the diaphoretic treatment, and after the subsidence of the symptoms attending the relapse, I again use tonic treatment. If the digestion is weak I give pepsine freely; also alcoholic stimulants. There is no known treatment that will shorten the course of the disease, nor that will prevent the relapse. Quinine in very large doses has been tried in vain for this purpose.

I should have mentioned in the proper place, one case which has been attended by an inflamed condition of the eyes, with amaurotic symptoms. Aitken alludes to this affection on page 446. He says: "The most important of all sequelæ, however, is a remarkable affection of the eyes–a form of ophthalmitis–which Dr. Mackenzie first described under the name of "post febrile ophthalmitis;" it may occur during the course of the fever, but more often during convalescence, and even some months after convalescence has been established. It was very common in Glasgow after the epidemic of 1843; and assumed two different forms, namely, 1st an active inflammation of the shell of the eyeball and of the iris; 2d, an amaurotic state due to congestion of the choroid and retina."

Hospital Reports.

PHILADELPHIA HOSPITAL.

May 11th, 1870.

By F. F. Maury, M. D.

One of the Surgeons of the Philadelphia Hospital
Lecturer on Cutaneous and Venereal Diseases in
the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Gentlemen —I am glad once more to be in your midst, and happy to say to you that a sea-voyage as far South as Florida, united with pleasant companionship on my journey, has so far restored me to health, as to now allow me, without further interruption, I hope, to resume that intercourse that I hope is as profitable to you, as it is pleasant to me.

Chancre.

The three patients before you are all suffering with chancre, and the point I now desire to impress upon you is that we pursue no routine course for the cure of the affection. Patient No. 1 has an inflammatory chancre. We will here apply a cracker poultice, and wrap the penis in a solution of the potass. tart. of iron, one drachm, to water, six ounces. We will also direct the man previous to each dressing to bathe his penis in a solution composed of two teaspoonsful of Labaraque's solution, to a tumblerful of water.

Patient No. 2 has labored with a chancre under the prepuce, the suppuration from which simulated gonorrhœa. The collection of matter and the induced inflammation caused perforation of the prepuce. In a sore of so long standing, we lose sight of its specific nature. Obviously, we can never cause resolution in these parts, while this long foreskin remains, entangling and retaining the discharges, and thus keeping up constant irritation. And here let me again impress upon you the necessity of circumcision, whenever and wherever you find a prepuce of this kind. Where men, by promiscuous intercourse, constantly subject themselves to contagion, such procedure will diminish, four-fold, their chances of contracting venereal disease. I have told you this so often, that I am almost ashamed to repeat it; but it is my key-note and my keystone to venereal prophylaxis.

Patient No 3, as a result of chancre, suffers from bubo. The glands immediately under the skin, in the inguinal region, receive the lymphatic vessels that run from the penis and scrotum. The lymphatics from the rectum run into a deeper set of glands; hence, while chancre gives a superficial, fissure of the anus will give a deep seated bubo. Now, this gland is full of pus, destructively busy in its search of exit. I give it no little prick, but, with quick precision, sink my knife into its centre, and as I withdraw it, direct its edge vertically upward,

and thus, with firm pressure, make a wound that is both gaping and commodious. When these glands are deep-seated, you may have hemorrhage, especially if you attempt to enucleate them, as I did in your presence at my last clinic. Treat hemorrhage by pressure, cold, ligation, acupressure, tortion, as your common-sense, individually, may suggest.

Extirpation of the Testicle.

Some weeks back, in this ampitheatre, I extirpated a man's testicle, and examination of the specimen showed you the truth of my diagnosis, and sufficient warrant for the procedure. The man now before you, presents himself for a like operation. He has a syphilitic history. He now suffers from tertiary syphilis. Has had syphititic alopecia. This testicle feels to me as if it were atrophied. The man has pain in the part. There is some inflammation of the scrotum. I will make an exploratory incision, and if the parts present the degenerated appearance I strongly suspect, will extirpate the organ. (Dr. Maury now made an incision through the scrotum down to the testicle. Then firmly holding the latter, he cut into its substance, and found directly in its centre a gummy tubercle, which had already commenced to degenerate, and had found an outlet inferiorly. Fully three-fourths of the tubular structure of the testicle was destroyed.

The organ was now stripped of its coverings and likewise the spermatic cord, well up into the external abdominal ring. An assistant now grasped the distal end of the cord with a pair of strong and flat forceps, and with a double well waxed ligature, the operator firmly and securely tied it. One end of the ligature was cut off close and the other allowed to hang from the external incision. Dr. M. stated that when wire was used, both ends might be cut off close, the little loop left doing no harm when it came away. The cord was now cut below the ligature and immediately retracted well within the inguinal canal, and the testicle removed. Three hare-lip pins were now applied to approximate cut edge of the scrotum. Around them silk thread was wrapped elliptically and then from one pin to another like the figure 8, a single interrupted suture, with some adhesive strips completed the dressing. Morphia, gr. $\frac{1}{3}$, and quinia, gr. v, were given to the patient to induce rest and prevent shock. Warm water dressings were applied to the part, the patient placed recumbent and the diet restricted.—R. M. T.)

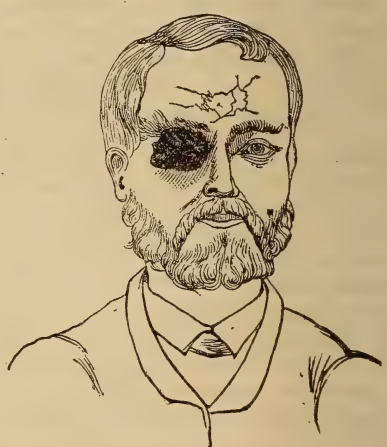
WEDNESDAY, MAY 18TH, 1870.

GENTLEMEN:—The first case I bring before you is the patient whom on Wednesday last I operated for phymosis, or the long and contracted foreskin. You see the result is all that could be desired. The parts have nearly healed, the glans penis is uncovered and the general condition of the parts much better than before the operation.

Melanosis.

I have here a case of deep surgical interest. Phthisis is deeply interesting to the physician, and cancer to the surgeon; both so on account of their incurability. We should work at these cases constantly. The day will come, I am sure, when science will penetrate the darkness of these death-dealing agents, and render them amenable to treatment.

We commonly divide cancerous affections into five classes, viz: scirrhus, encephaloid, epithelioma, colloid, and melanosis. The case before you is one of melanotic or black cancer. Such a growth is not unfrequently the result of epithelial or encephaloid degeneration. I had an analagous case to this two years ago. It commenced in the eye, which organ I entirely removed. The patient was the subject of two operations after this, from recurrence of the disease, alter which I lost sight of him. Let us examine the extent of the disease in this man, and see whether an operation is justifiable,—not whether it will do good, for we can never tell the good until we see the result. We should search with all zeal and ardor for any surgical device that will afford relief to these unfortunates.



As you look at this case, remember the anatomy of the eye and its surroundings. Evidently the disease has here commenced within the globe of the eye, and, with rapid increase, pushed its way back into the orbit, and outward, forming this mass of horrible blackness upon the side of the nose and cheek. Where a strong suspicion prevails, as does in this case, that the disease has penetrated the thin orbital plates, and probably affected the membranes of the brain, an operation would not be advisable. Had this man consented to an operation at the date of his admission to the hospital, I would have removed the eye, the orbital plate of the maxillary bone, and all surrounding that seemed implicated by the disease.

When I was in Paris, in 1865, Maisonneuve introduced into these growths, and he would probably, if here, do so in this case, a caustic preparation called Canquoin's paste, composed of chloride of zinc and glycerine, each two drachms, with enough flour added to give the mass a consistency, which would enable its shaping into arrows. Plunging his knife into the mass at different points around its base and in its substance, as a shoemaker plunges his awl, Maisonneuve would quickly follow its withdrawal with the insertion of one of these arrows. In a few days the mass would slough away, leaving a granulating surface; but whether the seeds of the disease were gone, time only could tell. Broadbent, of England, injected acetic acid into these growths, and published a monograph descriptive of the success of the procedure. The treatment never amounted to anything in my hands, though I gave it a fair trial in the wards and amphitheatre of this hospital.

We will do nothing, then, for this man but support his strength, keep him clean, and administer anodyne if he has pain.

Phagedenic Chancre.

The patient upon the bed, gentlemen, was brought into the women's surgical ward last week. When I saw her, she was in a typhoid condition icterode, with a pulse of 120, and semi-delirious. Examination revealed a huge phagedenic chancre, and to-day I show you its result. The sloughing has carried away the right labia, the upper and inner portion of the corresponding thigh, and extends far up into the vagina, leaving an irregular, jagged, sharp-cut and blackened ulcer. This jaundiced condition, which you observe, frequently occurs in syphilitic depression.

There are three varieties of chancre, the inflammatory, the phagedenic, and the simple. Inflammatory chancre results from the state of the patient in the confining of the discharge. Phagedena is mortification, sphacelus, gangrene. The part attacked rots and drops off in ten, twelve, or twenty-four hours. A man will lose his entire penis, have it drop off close to his belly in twelve hours. Phagadena may result from uncleanliness, a depressed condition of the body, and sometimes from an injudicious use of caustics. The cellular tissue around the affected parts sloughs rapidly.

Treatment.—All surgeons are agreed upon the use of caustics in this affection. Along with local, we also employ constitutional treatment. We do not use caustics in inflammatory chancre. We select but from a limited supply of caustics in phagedena. Make use of no such surface cauterant as nitrate of silver. Employ mono-hydrated, or strong sulphuric or nitric acids. Carbo-sulphuric paste is good, composed, as you know, of equal parts of charcoal and sulphuric acid, but is open to the objection of obscuring the parts by the black color it imparts. Acid nitrate of mercury and strong hydrochloric acid may also be beneficially employed. Previous to the use of these agents all the slough should be trimmed away; all the little cracks and crevices unearthed. Then cauterize the parts boldly and thoroughly.

As an exception to the rule concerning the avoidance of strong caustics about the recto-vaginal wall, I tell you *in these cases do not wait for its involvement*, but as soon as the disease attacks it, cauterize it. The chances are 10 to 1 that the rectum will be involved. I have seen the whole pudanda slough away and leave bare the pubic bones. Repeat the cauterization once every two or three days as your judgment and the progress of the affection may dictate. Cleanliness here emphatically is godliness, the treatment above all other. I will have this woman's vagina injected a dozen times in the next twenty-four hours. Douglass' cul de sac is hot enough in her to burn your hand. Use plenty of water, throw it up by the quart! Don't use unguents as dressings in these cases, but liquids, for obvious reasons. They made use of a plant in Paris in 1865 of the Linnæan order of composita, of which M. Pascal says: "it is a specific for phagedena." I have tried to obtain it in this country, but without success, and Prof. Bumstead tells me he made search for it, but was alike unsuccessful. As a deodorizer and detergent use permanganate of potassa or Labarraque's solution of chlorinated soda. Use oakum dressing to catch and absorb the discharges. A cracker poultice is oftimes of benefit in these cases. Durkee, of Boston, says dressing with potassio tartrate of iron, is as much a specific for phagedena as is opium for pain.

Internally we are giving this woman from forty to fifty grains of the potass. tart. of iron, six grains of quinine, and milk punch, daily. Exclude mercury; it is a drug as little understood to-day as when Hunter invented the now exploded idea that it subdued inflammatory action, by defibrinating the blood. Under no circumstance, whatever, as long as you live, administer calomel or any form of mercury to a patient in this condition. What you want is iron, in the shape of tincture of the chloride; its best preparation, quinine, phosphoric acid, Huxham's tincture of bark and strychnia. Brace up the nervous and vascular system Let common sense guide you here as elsewhere. Remember the thread on which I string my teachings is simplicity and cleanliness in the treatment of venereal disease.

——One of last year's graduates of the Woman's Medical College, of Philadelphia, has gone as a missionary to India, under the auspices of the Woman's Branch of the Methodist Board.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION—21st ANNUAL MEETING.

Offficial Rerort of the Meetings of the Sections.

Surgery and Anatomy.

May 3.

Section met at 3 P. M., and organized by the selection of Dr. S. D. Gross, Pa., Chairman; Dr. J. T. Darby, S. C., Secretary.

On motion of Dr. T. Healey, Md., a committee of three was appointed to draft an order of business.

Committee—Drs. T. Healey, A. Hammer, Mo., E. Warren, Md.

The Chairman suggested that the names of those attending the Section be registered, and it was found that fifty-one persons were present.

The committee reported the following rules, which were adopted.

1—New matters of general interest to this branch of the profession.

2—Reading and discussion of original papers referred to this Section.

3—Oral communications, and reports, and presentation of cases.

4—Presentation of new instruments, surgical appliances and pathological specimens.

5—The usual parliamentary rules to govern this body.

On motion of Dr. G. A. Otis, U. S. A., Dr. Buck's paper on Plastic Surgery was made the special order for 5 o'clock on Wednesday.

Dr. A. Hammer, Mo., presented a paper on the necessity of establishing a surgical journal, which on motion of Dr. B. J. Raphael, U. S. A., was referred to a committee, consisting of Drs. A. Hammer, S. Logan, La., and P. S. Wales, U. S. N.

A paper was read by Dr. J. L. Little, N. Y., on Median Lithotomy, illustrating the mode of operation by drawings, the instruments used, calculi removed, and cases.

Considerable discussion ensued by Drs. W. H. Mussey, O., Raphael, N. Y. and Wales, U. S. N.

On motion the statistical parts *only* of the paper, were referred to the Committee of Publication.

Dr. C. H. Ohr, Md., presented a patient, to show "excision of the entire ulna, except a small part of the carpal head, in which entire reparation of the bone followed, giving normal motion at the elbow." The mode of operation, and history of the case were detailed, and the dead bone exhibited.

Much discussion ensued and opposing views were expressed by Drs. Daily, Guss, Logan, and Hammer, who regarded the operation as merely the removal of sequestras and the periosteum remaining had reformed that part of the bone.

Drs. W. L. Atlee, Pa., H. N. Porter, and Healy expressed similar views.

A vote of thanks was rendered to Dr. Ohr.

Dr. Ohr also exhibited a boy, aged 12, in whom reproduction of the tibia had occurred after removal of several inches.

The case was discussed in opposition by Drs. Porter and John L. Atlee, Pa.

Dr. T. Healy, Md., read a paper on a case of imperforate anus, operated on in a novel way.

Dr. Hammer related a similar case, and on motion the paper was referred to the Committee of Publication.

The Section having requested the Chairman to read a paper he had prepared, Dr. Ohr was called to the chair, and Dr. Gross read a paper "On a form of Neuralgia of the jaw bones not yet described," giving the cause for this pathological condition, the mode of operation and relief, and a detailed history of four cases. On motion, it was referred to the Commiteee of Publication.

Adjourned.

May 4.

Section called to order by the Chairman at 3 P. M. Minutes read and approved.

The report of the Committee on establishing a National Surgical Journal was read and adopted.

Your committee, appointed to consider the proposition of Prof. A. Hammer, of Mo., to establish a *National Surgical Journal*, which shall faithfully represent the Surgery of America, beg leave to report, that this proposition is well worthy of the support of the surgeons of America, and we would therefore recommend the following:

Resolved, That it is highly desirable that there should be some central exponent of the existing state and progress of American Surgery, and therefore that the proposition of Prof. Hammer meets with the cordial approbation of this Section, and is hereby recommended to the active support of the surgeons of the United States.

Signed, A. Hammer,
Sam'l Logan,
Philip S. Wales.

A letter from Prof. Kinloch, of the Medical College of South Carolina, was presented, enclosing photographs of a patient upon whom he had operated for a large fibro-sarcomatous tumor of the upper jaw, and on motion, it was filed as a history of the proceedings.

Dr. L. A. Sayre, N. Y., stated he had a paper on reflex paralysis, produced by congenital phymosis, which he had left in New York. He gave a verbal statement of his cases. Several members spoke of incontinence of urine for the same cause, and by circumcision it was relieved.

On motion, Dr. Sayre was requested to present a condensed report of his paper to the Committee of Publication.

Dr. J. G. Rogers, of Ind., read a paper, illustrated by the history of a case taken from others, "On the Application of Carbolic Acid as a Remedy for Purulent Conjunctivitis." Dr. Pomeroy, of N. Y., and the Chairman, followed in remarks acknowledging that carbolic acid was valuable in such cases, but it was not proven, in the paper presented, superior to the remedies generally used. On motion by Dr. Logan, of La., the paper was referred to the author for publication in a medical journal, and as having been read before the Surgical Section of the Medical Association. Dr. Cox, of Md., read a paper of Dr. B. Titcomb, of Md., giving a formula of a liquid for the preservation of wet anatomical preparations and for injecting subjects. A specimen of a fœtus thus preserved for five years was exhibited. On motion, the paper was referred to the Committee of Publication.

Dr. S. G. Hubbard, of Conn, exhibited a very interesting specimen of uric acid calculi, taken from a cyst of the bladder, which he regarded as unique. On motion, the thanks of the Section were offered for the history, description, and exhibition of the specimen.

Dr. L. Elsberg, of New York, who was to have reported a case of congenital closure of the rima glottidis, on account of illness was absent. Dr. Raphael, of New York, moved, "That as Dr. Cohen was present, and was in charge of the paper, that it be read." After the reading of this interesting case, illustrated by a drawing and a wax model, the paper was, on motion, referred to the Committee of Publication.

Dr. S. Logan, of La., read a paper "On Reduction of Dislocations at the Shoulder-joint by a New Method," which caused considerable discussion. Dr. J. W. Russel, of Ohio, made general remarks on the subject, stating that in this dislocation he was in the habit of making the reduction by applying the force upon the scapula in a direction which tended to place the glenoid cavity upon the head of the bone rather than the head of the bone into the cavity, as generally advised. Dr. Raphael and others expressed views in opposition to the merits of the new mode, to which Dr. Logan replied. On motion to refer the paper to the Committee of Publication, an amendment was offered by Dr. Raphael, that the parts original in the described method should be referred, and the motion as amended was adopted.

Dr. A. B. Stuart, of Minnesota, read a paper on "Extraction by Direct Incision of a Fibro-Cartilaginous Tumor of the Knee-joint." On motion, the thanks of the Section were returned to the author.

According to special order, Dr. Gurdon Buck, of New York, read his paper on a plastic operation of the face, describing by casts the mode of operation, and displaying the condition of parts prior and subsequent to the operation. He presented also a patient upon whom, for similar deficiency of parts of the nose, mouth, and cheek, a similar mode of operation had been made; a plaster cast was exhibited, showing the deformity prior to closure of the parts involved. The description of the instrument for the application of the suture, called a "pin or suture conductor" was given, to which, in a great degree, Dr. Buck ascribes his success in plastic operations.

A vote of thanks, on motion, was offered by the Section for the cases and patient presented, and the paper referred to the Commitee of Publication.

At 5.40, on motion, the Section adjourned to meet at the usual hour.

MAY 5.

The Section was called to order by the Chairman at the usual hour, and the minutes of the previous meeting read and adopted.

Dr. Charles Carleton, of Conn., verbally gave a report of disease of the eye, for which he had performed extirpation. The specimen was presented, showing a cup-shaped ossified portion corresponding to the fundus of the organ, and resting upon the sclerotic coat. On microscopic examination it was found to be osseous tissue. Dr. Gross remarked upon the interest and rarity of such cases, and Dr. Hammer related a similar case for which he had enucleated the globe, and where true bone was formed, the ossific portion not so great in extent of surface as in the specimen presented, but much thicker. On motion of Dr. Logan, "Dr. Carleton was requested to give a full report of the case, and that it be presented to the Committee of Publication."

On reconsideration of Dr. Little's paper on Median Lithotomy, it was ordered "that the whole paper, and not the statistical portion only," should be referred to the Committee of Publication.

Dr. Otis, as directed by the Association to report on the comparative merits of Syme's and Pirigoff's operations, reported that he had made, as far as statistics of cases were collected, a report which he was ready to read; but as many more cases now being collected would add to the value of the paper, he moved "that the report be deferred until the next meeting of the Association, and that the name of Dr. Isaac N. Quimby, of N. J., be added to the committee." Adopted.

Dr. I. N. Quimby, of N. J., read a paper on a modification of Pirigoff's operation, and exhibited three casts taken from three patients operated upon by the mode described. The Secretary reported a case where the same operation had been performed with success by Dr. Turnipseed, of South Carolina, and remarked that in regarding this modification as superior to the original operation of Pirigoff, he had for several years, in his course on surgery, illustrated it upon the dead body. The Chairman stated that soon after Pirigoff had described his operation,

he had suggested a similar modification, and had explained it upon the dead subject to classes. On motion, Dr. Quimby's paper was referred to the Committee of Publication.

Dr. E. M. Moore, of N. Y., read a paper "On the Comparative Merits of Lithotrity and Lithotomy," and described two very ingenious instruments which he had devised for the former operation.

A vote of thanks was tendered to the author, and the paper ordered to be referred to the Committee of Publication.

Dr. Buck followed in general remarks upon the comparative merits of the two operations, giving as a general rule his preference for lithotomy.

Dr. Wm. Neftel, of New York, read an abstract of a paper "On the Treatment of Malignant Tumors by Electrolysis," illustrated by the history of a case taken from ten others thus treated. Dr. Hammer and the Chairman followed in opposition to the views expressed. On motion, a vote of thanks was tendered by the Section, and the paper referred to the author for publication in a medical journal.

The Chairman, on account of a special engagement, stated that he was obliged to absent himself, and after congratulating the Section on the work performed, the interest manifested by the members, and the courtesy extended to himself, proposed that Dr. Moore, of Buffalo, be called to the chair. On Dr. Moore taking the chair a vote of thanks was tendered to Dr. Gross for the manner in which he had conducted the proceedings of the Section.

Dr. Benjamin Lee, of Penna., read a paper on "Idiopathic Lateral Curvature of the Spine," showing also a modified instrument of his own for correcting this deformity. On motion, a vote of thanks was extended to Dr. Lee, and the paper referred for publication in a medical journal.

Dr. O. D. Pomeroy, of N. Y., read a paper "On the Use of Glasses in Hypermetropia." The Section voted thanks for the paper presented, and referred it to the author for publication.

Dr. Buck, of New York, moved to adjourn *sine die*, and at 6 P. M. the Section adjourned.

Climatology and Epidemics.

The undersigned respectfully reports that only two papers have been referred to this Section at the present meetings.

One on the Diseases of Pennsylvania, for the years 1867-8, and 1868-9, by Dr. D. Francis Condie, of the Committee on Epidemics for that State.

The paper of Dr. Condie is brief, but very valuable, and is reported back with the recommendation that it be referred to the Committee of Publication.

The other is a report from Dr. R. C. Howell, of Ill., of the Committee on Epidemics for that State.

It contains much valuable matter in a small compass, and is recommended for reference to the Committee of Publication.

There was also referred a letter from Dr. H. I. Bowditch, Mass., of the Committee on Epidemics for that State, asking the consideration of the resolutions appended to his report of last year, and found on pages 547-8 of the Transactions for 1869.

It is thought that the adoption of the resolutions would make a very beneficial change, and their adoption is therefore recommended.

N. S. Davis,
Sec'y. of the Section.

Practice of Medicine and Obstetrics.

MAY 4.

Section organized with Dr. Jos. Kammerer, N. Y., as Chairman, and Dr. Jas. C. Jackson, Conn., Secretary.

Dr. E. K. Hunt, of Conn., offered certain resolutions on anæsthesia and its discovery, which, on motion of Dr. A. Jacobi, N. Y., were laid on the table.

Papers were read by Dr. J. H. Griscom, N. Y., on the use of sulphite of soda, and on the use of glycerine externally; and by Dr. R. Burns, Pa., on the sulphite of soda. On motion, these papers were returned to their authors with the thanks of the Section.

Dr. D. J. Deal, of Pa., offered a paper on cultivation of the cinchona in the United States, which, on motion, was referred to the Association, with a recommendation that it be referred to the Section on Materia Medica.

Dr. John Byrne, N, Y., read a paper on Intra-Uterine Injection, which, on motion, was referred to the Association for publication.

Dr. H. J. Meisel, N. Y., reported a case of acute puerperal mania, treated by hydrate of chloral. On motion, Dr. Meisel was requested to publish it in some medical journal. Adjourned.

MAY 5TH.

Section called to order by the Chairman.

Dr. Nathan Allen, Mass., read a paper on the Physiological Laws of Human Increase. On motion the paper was referred to the Association for publication.

On motion the subject of Anæsthesia, tabled yesterday, was taken up and on motion it was

Resolved, That in the opinion of this Section there no longer exists a reasonable doubt that to Dr. Horace Wells *alone*, belongs the honor of having discovered and demonstrated on December 11, 1844, the great principle of *Modern* Anæsthesia.

On Motion the Section adjourned.

J. C. Jackson, Sec'y.

MAY 3D.

Psychology.

The Section met at 3½ P. M., and organized by electing Dr. Jno. P. Gray, N. Y., Chairman, and Dr. A. Hartman, Md., Secretary.

Dr. Chas. A. Lee, N. Y., submitted a paper upon "The Best mode of Providing for the Insane of the United States," which, after being discussed by Drs.

Nichols, Gray and others, was withdrawn by the author by consent of the Section.

No other business offering, the Section adjourned.

ANDREW HARTMAN, Sec'y.

Medical Jurisprudence, Hygiene and Physiology.

MAY 3.

The Section met at 3 ½ P. M.

DR. F. H. GETCHELL, of Pa., was elected Chairman, and DR. BLACHFORD, Secretary.

Dr. Joseph G. Richardson, of Pa., read an able and interesting paper "On the Cellular Structure of the Red-blood Corpuscle," accompanied by demonstration with the microscope and by diagrams.

Referred to the Committee of Publication. On motion, Dr. Richardson was requested to prepare a paper on the white corpuscles. On motion, Dr. H. R. Noel, Md., was requested to prepare a paper upon such physiological subject as he may select to be read before the next meeting of the Association. Adjourned to meet the next day at 3 P. M.

MAY 4.

The Section was called to order by the Chairman.

Dr. J. H. Waters, of Mo., read a paper on the Doctrines of Force, Physical and Vital, which, on motion, was referred to the Committee on Publication. On motion, the Section adjourned.

BENJAMIN BLACHFORD, Sec'y.

EDITORIAL DEPARTMENT.

PERISCOPE.

Nævus.

At a recent meeting of the Surgical Society of Ireland, Mr. H. G. CROLY, made some remarks which we quote from the *Press and Circular*. He said this subject was one of the most practical points in surgery. First, as regards the complete removal of the deformity; and next, the prevention of hemorrhage. The case he was about to bring under their notice was one of peculiar interest, inasmuch as the child had four nævi. It was four months old, and was brought to Dublin from the county of Cavan, and admitted to hospital on the 1st of November last. The first nævus involved the lower lip and was almost as large as a middle sized red plum—a hideous looking mass. The second was in front of the ear and in the course of the temporal artery. The third, or rather a double nævus, was on the back of the neck, and another nævus of the capillary form was on the tongue. When he first saw the child it was a most unpromising case. He expressed his opinion that it would be better to commence with the one on the lip, and the plan he adopted was by plunging a red-hot needle through it. The chloroform acted well. The child was perfectly still and suffered no pain. He then applied a cold-water dressing. The lip became very much swollen, and a week after the operation it presented a most unpromising appearance. He repeated the operation eight or ten times, and at last the lip contracted, and instead of being an erectile tumor it became hard and lost its turgescence, except at two or three points. Each point where the redness was left he treated by getting the student to put in a red-hot needle. The lip was now restored to its natural condition, and he intended to get a photograph of the child and exhibit it to the Society. He believed no other treatment except that by needles would have been successful in this case. With regard to the nævus on the left side of the face the interesting point was that it began to ulcerate, and before the lip was well the other nævus was completely cured. In fact, the case without operation was far more complete than that by operation. The question was whether this effect was produced by sympathy, the structures being the same. At all events, the facts were that the operation succeeded in the lip, and at the same time the other two nævi were cured by ulceration. The nævus on the tongue showed no disposition to extend into the organ.

[In the treatment of these nævi we would suggest the use of the *solar caustic* (the condensed rays of the sun through an eye glass) as recommended by Dr. P. W. ELLSWORTH, of Hartford, Conn. See MED. AND SURG. REPORTER, No. 508, vol. xv, p. 435. EDITORS.]

Aneurism of the Aorta.

At the Royal College of Physicians, Loudon, on the 23rd of April, reported in the *Press and Circular*, Dr. Sibson spoke first of all of the general character of the symptoms of this disease, saying that there was a great diversity in the symptoms, which were sometimes severe, and sometimes altogether absent. Thus, anguish of most extreme kind, and apparently perfect health, were both compatible with the existence of aneurism of the aorta. Death might be sudden or gradual, or caused by hæmorrhage, cardiac syncope, starvation, or coma. Several cases of tubular aneurism of the first part of the

arch were mentioned, in which incompetence of the valves was produced. In one there was a loud musical murmur, audible a foot from the body, and a thrill was felt. In another case the breathing was difficult for a short time, and then became shallower and shallower, until he fell asleep. This continued until spitting of blood relieved the lungs. He next narrated several cases of pouch-like aneurisms of the first part of the arch, in some of which the vena cava was pressed upon, and swelling of the neck, etc., ensued. He observed that in aneurism, varicose veins are never seen on the surface of the chest and abdomen. He dwelt on the great importance, as a sign of aneurism, of the first part of the aorta, of the tumor striking the chest walls at the second interspace to the right of the sternum. In other aneurisms, the pulsation may begin elsewhere, and then descend to that point; but in these the pulsation commences there, and, if it moves, travels downward.

Reviews and Book Notices.

NOTES ON BOOKS.

The prize essay of the Alumni Association of the College of Physicians and Surgeons this year, was on oxygen gas as a remedy in disease, by Dr. Andrew H. Smith. It has been reprinted in pamphlet orm from the *N. Y. Medical Journal*.

The correspondence concerning a fatal case of placenta prævia of Dr. Charles E. Buckingham, Professor of Midwifery in Harvard University, to which we alluded a few weeks ago, has been "republished with an appendix" by D. Barnard. It will be remembered that Mr. Barnard's wife died during her confinement, attended by Dr. Buckingham. This correspondence places Professor Buckingham in an unfavorable light before the public and the profession, and he will be fortunate if he can do away with the impression it is sure to make on impartial readers.

The *Art Review*, of Chicago, (E. H. Trafton, publisher, 115 Madison street,) does not take as high a position as its name led us to hope. The art represented is chiefly that of advertising.

BOOK NOTICES.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., with drawings by H. V. Carter, M. D., and Dr. Westmackott. With an introduction on General Anatomy and Development by T. Holmes, M. A. A new American from the fifth and enlarged English edition. With 462 Engravings on wood. Philadelphia: H. C. Lea, 1870. 1 vol., large 8vo., pp. 876, leather. Price, $7

Gray's Anatomy needs no word of introduction to the American professional public. It is beyond question the best one in the market. Indeed, as an experienced demonstrator once remarked to us, its only fault is that it is *too* good, that it is so full and clear that a student may be persuaded that he can learn all he needs from it, and avoid dissecting.

The additions to the present edition comprise the introductory matter on general anatomy, a description of the development of the ovum, and of the structures characteristic of the fetal state, and a succinct introduction to the study of microscopic anatomy. No doubt the demand for this valuable book will continue to increase steadily for some time to come.

A Treatise on Medical Electricity, Theoretical and Practical, and its use in the treatment of Paralysis, Neuralgia, and other diseases. By Julius Althaus, M. D., etc. Second edition, revised and partly re-written. London, Longmans, Green & Co., Philadelphia: Lindsay and Blakiston, 1 vol., 8vo., cloth, pp. 676. Price, $5.

At the period that we may call the revival of electro-therapeutics, about a dozen years ago, when the remarkable experiences of Dr. Duchenne de Boulogne placed this method of treatment on a new basis, Dr. Althaus came forward in London as one of the most expert specialists in the new applications. The first edition of this work long ranked as the best treatise in the language, and was republished and widely sold in this country. For some years it has been replaced by other productions more fully exhibiting the more recent discoveries. But now Dr. Althaus has once more put himself in the foremost rank, and gives us an edition of his treatise nearly double in size, minute in direction, and extending over the whole ground of electro-therapeutics. The catalogue of diseases in which he thinks the currents applicable reads like the nosology, and only gives one cause to fear that we have upon our hands another cure-all. The author, however, is not blinded by his special studies, and usually gives very sound advice.

Renal Diseases: A Clinical Guide to their Diagnosis and Treatment. By W. R. Basham, M. D., etc., with illustrations. Philadelphia: H. C. Lea. 1 vol., 8vo. pp. 304, cloth.

Dr. BASHAM is senior surgeon to the Westminster Hospital, London, and writes this monograph "with a view of promoting a practical and clinical knowledge of a class of diseases which are not without their difficulties in diagnosis." He divides it into three parts: the first embracing inflammatory renal diseases; the second, those of a chronic and non-inflammatory character, while the third is devoted to a very complete description of the physical and chemical character of the urine in health and disease. Those purchasing the work will find it replete with useful information.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JUNE 4, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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☞ Although we made a liberal allowance for new Subscribers from the 1st of January last, our stock of some numbers was exhausted before April, and many were unable to obtain complete files from the commencement of the volumes. *Hence the necessity of an early notification from new subscribers.*

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THE VALUE OF FIGURES.

The most beneficent field in which the physician can labor is that of sanitary science. In these days of doubting Thomases in matters therapeutic, there is at least firm foothold when we come to the matter of limiting the spread of disease. Dr. CHAS. ELAM has lately written a work in which he undertakes to prove, and asserts he does prove, that the practice of medicine of to-day is less efficient, performs fewer cures, and is less able to check disease than it was thirty years ago. This is discouraging, certainly, if it be true. But we don't believe it.

Whether true or not, we know that we have stopped the progress and violence of cholera, yellow fever, relapsing fever, and various other epidemics by timely and sage precautions, thus saving thousands of lives to their families and the country.

This has been done by a study of the results of statistics, by examining the effects of hygienic measures when carried out on a large scale by municipalities and States. Hence the advantage to all of State medicine, of vital statistics, of those long and tedious columns of figures which look so appalling. Through a careful study of these, we derive the weapons wherewith to combat the physical evil of society, and also to measure our progress.

The value of such studies has only recently commenced to be properly appreciated with us. Dr. LOGAN very justly observed in an address he lately delivered before the California Board of Health and Vital Statistics, that our civilization in the United States has, until very recently, failed to apply its resources of intelligence and power to modify and diminish the deleterious influences which, in manifold ways of sorrow and suffering, weigh heavily on all classes of our citizens. The work of sanitary reform is yet to be begun. Grievous evils permeate, with worse than leprous poison, the heart of American society. They not only endanger the people's safety, and curtail the blessings of life, forestalling the work of Herod, but entail lasting injury in the deterioration of race—in the seeds of disease transmitted to future generations—in the degeneracy and decay which are already too apparent. There is here every scope for the philanthropist to exert himself, and an ample opportunity for the active and thoughtful to do lasting good to their race and nation.

Notes and Comments.

California State Board of Health and Vital Statistics.

The gentlemen commissioned by the Governor to constitute the above named Board, consisting of Drs. T. M. Logan, and J. F. Montgomery, of Sacramento, Drs. H. Gibbons and L. C. Lane of San Francisco, Dr. F. Walton Todd of Stockton, Dr. C. E. Stone of Marysville, and Dr. Luke Robinson of Santa Clara, met for organization recently at the Capital. The meeting was called to order by Dr. T. M. Logan, who delivered an able address on the object of the Board from which we extract the following remarks on its formation:

Gentlemen of the State Board of Health: At the instance of His Excellency, the Governor, it has devolved upon me to call you together for the purpose of organization. As you are aware, the last Legislature, with the broadest statemanship, regarding the personal and individual strength and availability of each and every member of the body politic—"the bone and muscle that create, and the mind and spirit that control, direct, and enjoy all earthly possessions"—as the essential element of the State to be cared for, as well as more material interests, has instituted and appointed a medical tribunal or Board of State Medicine, for counsel and guidance in cases where the lives and health of the people are concerned. Recognizing, too, the fact that the advancement of hygiene generally, and preventive medicine in particular, which has commenced to attract so much attention, is, undoubtedly, owing to the application of statistics to public health by the progressive minds of the medical profession, they have provided that seven physicians shall be selected from different sections of the State to constitute the ministers of that tribunal, and given them the ablest means to draw their levies of information directly from the separate areas of their observation.

After the close of his remarks the Board proceeded to the election of a President and Permanent Secretary.

Dr. Henry Gibbons, Sr., was elected unanimously to the first office, and Dr. T. M. Logan unanimously to the second office.

Dr. Gibbons on taking the chair, made some appropriate remarks, which our space will not permit us to insert.

After discussing some miscellaneous business, the meeting adjourned.

Official Copy of Minutes of American Medical Association.

The permanent Secretary of the American Medical Association will soon issue an official copy of the Minutes of the American Medical Association. This will be a great accommodation to many. Inclose 25 cts. to the Secretary, Dr. W. B. Atkinson, 1400 Pine St., or to this office.

☞ The article on page 448 of the Reporter of last week, on Puerperal Convulsions, should have been credited to Dr. J. H. Thompson, Goshen, N. Y.

Correspondence.

DOMESTIC.

Preliminary Education of Physicians.

Eds. Med. and Surg. Reporter:

The attainment of a high standard of medical education has, for some time, occupied the attention of the profession, and developed quite a general sentiment in its favor. It has seemed to me that, in the discussion of the subject, a very important measure to accomplish its success has been too much overlooked. I refer to the *preliminary education* of those who enter upon the study of the sciences. The curriculum and the term of study may be extended to the furthest limit yet proposed; if the student does not enter upon his medical course with a mind trained and furnished by a literary course of study, he will, as a rule, do but little in after life to bring honor to medicine as a learned profession. I know that keen natural perception, a logical mind and sterling sense will overcome a deficiency of early training, but such cases are the exceptions to a very general rule, that a *liberal* education lays the foundation of the truly accomplished medical man. I would not say it everywhere, but as I am writing to a medical journal, I may say it *inter nos*, that I am often mortified when I find so many who bear the honors of the profession, and are good routine practitioners too, who are so deficient in literary training.

I saw a medical communication to-day, in manuscript, in which "pleuracy" is treated of. A volume of "transactions" of one of our leading State Societies now lies upon my table, in which, in an article of a few pages, ante-par*tem* and post-par*tem* hæmorrhage is spoken of more than half a score of times. To an editor of a medical journal, such errors are doubtless neither new nor strange. It is a shame to our profession that it should be so. Our medical colleges, if they would elevate medicine, should insist upon a thorough preliminary education. The recognized lights of the profession are intellectually polished, scholarly men. The Professors of our colleges, the authors of our standard medical works, the acknowledged authorities upon medicine in our communities are such men; not those who graduate into the medical lecture room, from a few months service in a drug store, not those whose school study has reached to a few times beyond "arma, virumque cano," and that too, perhaps, by the help of a "key." It is this latter class too who, naturally enough, depreciate scholarship and literary taste in their medical associates. "They are talented fellows and scholarly" say they, "but they are not good practitioners." As if a good education, and a good use of it, is incompatible with the practical attainments of a medi-

cal man. Such men degrade medicine to a mere art. The *truly* educated man alone, is capable of elevating it to a noble science.

Let the managers of our medical colleges "think on these things." S. W.

On Hydrate of Chloral.

EDITORS MED. AND SURG. REP:

Having read in your valuable journal some articles on hydrate of chloral, I endeavor to give you my experience of that drug.

Was called six weeks ago, in great haste, to Mr. Cyrus Holt, farmer; found patient with a fearful wound inflicted by an axe. Wound diagonally of the foot, cutting through the middle of the internal cuneiform bone, and severing the dorsalis pedis artery. Patient was laboring before the accident under neuralgia, and had a very impaired constitution. Used, hypodermically, morphia to allay pain, besides anodynes by the mouth. No effect; keeps restless; no sleep.

Used hydrate of chloral after failing with the narcotics in doses of 20 grains once in six hours. Becomes quiet and calm, and up to this time, leaving off the medicine as an experiment for two days, the patient became restless again, with intense pain of the wound; resumed the drug, and natural sleep follows without pain. Morphia and other opiates failed entirely to produce sleep; only hydrate of chloral was potent enough, judiciously administered, to allay pain and give quiet rest and sleep.

Albion, N. Y. CARL PROEGLER, M. D.

NEWS AND MISCELLANY.

Hard and Soft Water.

Dr. Letheby considers moderately hard water better suited for drinking than that which is very soft—an opinion which is confirmed by that of the French authorities, who took the Paris water from chalk districts instead of from sandy strata. He also stated that a larger percentage of French conscripts are rejected from soft water districts than from neighborhoods supplied with hard water, and that English towns supplied with water of more than ten degrees of hardness have a mortality of four per one thousand less than those whose inhabitants use soft water.

Cultivation of Cinchona in India.

According to a recent report by the Assistant Superintendent of the Botanic Garden at Calcutta, the cinchona tree is successfully produced in Madras and Bengal. The number of plants at Darjeeling, on an area of 905 acres, exceeds 3,000,000, the increase during the past year being 673,654. The tallest plants grown there are nineteen feet high.

——The Secretary of War has appointed Surgeons S. A. McParlin, D. C. Huntingdon, and Van Buren Hubbard a Board to examine into the physical qualifications of members of the graduating class at West Point, and also the candidates for admission to the Academy.

QUERIES AND REPLIES.

Somnolency.

MESSRS. EDITORS: I send a suggestion for cure of somnolency. No. 683, p. 290.

℞.	Podophyllin,	gr. iij.	
	Leptandrin,	gr. x.	
	Comp. Ext. Coloc.,	gr. xv-xx.	
	Ext. Butternut,	℈j.	
	Pulv. Rad. Zingib.,	gr. v.	M.
F.	12 to 15 pills.		

Let her take one pill at bed time every two or three nights, as may be indicated. G. H. A.
Woodbury, Conn.

Pruritus Vulvæ.

MESSRS. EDITORS: For this most unpleasant ailment I have of late found the following a good remedy:

℞.	Hyposulphit sodæ,	℥j.	
	Aquæ puræ,	℥iv.	
	Sul. morphiæ,	gr. ij.	M.

F. lotio. Use as a wash, or by injection.

The last case which came to my notice, was that of a lady in the last months of pregnancy, who suffered severely from pruritus. The mixture above mentioned was used without the least benefit. About the middle of April I prescribed the same mixture with the addition of five drops concentrated solution of carbolic acid to the ounce, and found it to produce immediate relief. I had used the same combination as an application to suppurating surfaces for some time with marked good results, and its use in pruritus was suggested from its effects in other conditions attended with great local irritation, and which I contemplate reporting in a short time.

With your Iowa correspondent, in the REPORTER for May 7th, I believe in carbolic acid as destructive to parasitic existences.

F. K. BAILEY, M. D.

Knoxville, Tenn.

Iliac Passion.

HAMILTON, Ohio, May 10, 1870.

MESSRS. EDITORS: My attention was directed to an article on page 376, No. 18, April 30th, 1870, by Wm. Hauser, M. D., on iliac passion. Allow me to suggest injections of air, in cases of that affection; also in intussusception and spasmodic colic. The instrument well adapted for the purpose is the Davidson syringe, which injects air as well as water, and can be used with safety; as the amount of air and the force can be regulated by our manipulations. If it become necessary to remove the air, a long rubber tube passed into the bowel per rectum, will accomplish the purpose, and, if necessary, we can exhaust the air by joining the syringe (reversing the tubes of same,) to the bowel tube. I believe the above plan far better than injections of soda and tartaric acid, as recommended in the article of Dr. Hauser. Respectfully,

H. BEAUCHAMP, M. D.

Dr. T. W. B., of N. Y.—"What is the best work on diseases of women?"

REPLY.—We cannot well say which is the *best*, but *very good* works have been written by Byford, Thomas.

Contagion of Rubeola.

"QUERY.—Can a fœtus in utero contract rubeola through the mother's system, when she has previously had the disease, and recovered from it." F. M. O'D.

REPLY.—We should think it doubtful. But we refer the inquiry to our readers.

Dr. J. W. T. of Ky.—"Please send formula of Churchlll's Tincture of Iodine."

University of Pennsylvania.

Dr. G. N. B., of Ind.—"Can you furnish me a Catalogue of Graduates of the University of Pennsylvania (Medical Department), from its organization?"

REPLY.—The dean informs us, that "A full Catalogue of the Graduates of this department has not been issued since 1844, and all of those are given out."

Dr. J. D. J., of Tenn.—"What is the best monograph of Erysipelas?"

REPLY.—We believe no late monograph on this subject has appeared.

Dr. C. L. G., of Pa.—"What is the price of a 4-valved uterine speculum?"

REPLY.—$9.00.

Dr. A. D. B., of Pa.—"Whose is considered the best, among the standard works, on *Medical Jurisprudence*, and what is the cost?

REPLY.—We recommend Wharton & Stille's *Medical Jurisprudence*; price, $7.00, and Dr. Ordronaux's *Jurisprudence of Medicine* (another branch); price, $4.00.

Obituary.

SIR JAMES YOUNG SIMPSON.

The death of the distinguished discoverer of the anæsthetical properties of chloroform, Sir James Y. Simpson, is announced by cable. Dr. Simpson was born in the year 1811, in Bathgate, Linlithgowshire, Scotland. He received his education in the University of Edinburgh, from which he graduated in 1832 with the degree of M. D. Immediately after graduating he was appointed an assistant to Professor Thomson of the University, and he proved his eminent fitness for the position by an able series of lectures which he delivered during the illness of his principal in 1836. In 1840 Dr. Simpson was elected to the Professorship of Midwifery in the Edinburgh University, and this position he held during the remainder of his life. It was on the 19th of January, 1847, that he first applied anæsthesia to midwifery practice, and his subsequent investigations in this same direction led to the discovery of the anæsthetical properties of chloroform. The importance of these investigations can scarcely be overestimated, and they have completely revolutionized some of the features of medical and surgical practice. Dr Simpson was elected President of the Edinburgh Royal College of Physicians in 1849, and in 1852 President of the Medico-Chirurgical Society. In 1853 the French Academy of Medicine complimented him by electing him a Foreign Associate, and a still higher compliment was paid him in 1856 by the award of the "Monthyon Prize" of 2000 francs by the French Academy of Sciences, in consideration of the benefits conferred upon humanity by the introduction o anæsthesia by chloroform into the practice of surgery and midwifery. About the same time he received the Knighthood of the Royal Order of St. Olaf from King Oscar of Sweden.

Dr. Simpson was the author of numerous medical treatises that are well known in all quarters of the world, and many of them have been translated into nearly all the European languages. In January, 1866, he was created a baronet in recognition of his services as the discoverer of chloroform, and in the same year he received the honorary degree of D. C. L. from the University of Oxford. In September, 1867, he was President of the Department of Health in the Social Science Congress held at Belfast. The lectures of Dr. Simpson did much towards giving the Edinburgh School of Medicine its high reputation, and his fame as a physician secured him the largest practice, perhaps, ever enjoyed by any member of the profession in Scotland. The claims of Dr. Simpson to the honor of being the first discoverer of the anæsthetical properties of chloroform have been disputed, but it is generally conceded that he is entitled to it.

The most important of the writings of Dr. Simpson are on the subject of obstetrics. His "Obstetrical Memoirs and Contributions" has been published in this country, as have also his "Contributions to Obstetrical Pathology," "Essays on Anæsthesia," and "A Treatise on Homœopathy," together with several memoirs relating to the history and antiquities of the medical profession.

MARRIED.

BODINE—THURSTON. In New York, May 19th, by Rev. Dr. McGlynn, Dr. Jacob Bodine, of New York, and Mary, daughter of James Bankhead, of Nashville, Tenn.

FERRIS—DANFORTH. May 18, at the Reformed Church, Middleburg, Schoharie co., N. Y., by Isaac Ferris, D. D., Chancellor New-York University, assisted by G. A. Lintner, D. D., Isaac W. Ferris, M. D., of New York, and Cornelia S., only daughter of Hon. P. S. Danforth, of Middleburg.

GOBRECHT—BROOKS. In Cincinnati, May 19th, by Rev. J. H. Elliott, at the residence of Mr. Tilghman Pickering, Dr. W. H. Gobrecht, formerly of Philadelphia, and Miss Harriet V. Brooks, formerly of Baltimore.

PARRY—HARRIS. In Morristown, N. J., May 17th, by Rev. Albert Endman, Henry C. Parry, M. D., and Martha Frazer, eldest daughter of the late Stephen Harris, M. D.

PILATE—BROADWELL. May 4th, at the residence of Mr. O. P. Boyer, Dayton, Ohio, by Rev. E. H. Jewett, Dr. E. Pilate and Mrs. Mary E. Broadwell.

DIED.

GILBERT—In Centre Belpre, Ohio, May 7th, Dr. Geo. N. Gilbert, for many years a well-known and worthy citizen, aged 80.

RHODES—In this city, May 17th, Mary A., daughter of Dr. J. H. and the late Lucinda Rhodes, aged 22 years.

SHAW—In New York, May 25, Dr. Jos. G. Shaw, in the 36th year of his age.

SHERK—In this city, May 24th, Dr. J. Henry Sherk, in the 30th year of his age.

WINKLER—In this city, May 25th, Gustav Winkler, M. D., a prominent and worthy German physician.

METEOROLOGY.

MAY.	16,	17,	18,	19,	20,	21,	22.
Wind.....	S. W.	N. E.	S. E.	S. W.	S.	S. W.	N. W.
Weather.	Clear	Cl'dy	Cl'dy	Clear	Clear	Clear	Clear
Depth Rain						Sho'r T. St. 1 in.	
Thermom....							
Minimum..	61°	59°	49°	50°	51°	62°	53°
At 8, A M.	70	61	55	62	67	66	65
At 12, M...	81	62	63	74	74	80	69
At 3, P. M.	83	63	65	75	79	79	71
Mean.....	73.75	61.25	58.	65.25	67.75	71.75	64.50
Barometer..							
At 12, M...	30.1	30.1	30.1	30.1	30.1	30.2	30.1

Germantown, Pa. B. J. LEEDOM.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

BURNS AND SCALDS.

By J. F. Kennedy, M. D.,

Of Tipton, Iowa.

In the summer of 1857, my esteemed preceptor, Dr. Isaac Purcell, of Danville, Pa., then practicing in Shamokin, Pa., was called to see a blacksmith who was terribly burned by the explosion of a keg containing some powder. The face, anterior part of the thorax, abdomen and arms were not merely vesicated, but in many places the subcutaneous tissues were destroyed, resulting subsequently in extensive sloughings.

The topical treatment consisted mainly, if not entirely, in the use of that popular combination known as "carron oil," consisting of equal parts of lime water and linseed oil. I assisted a number of times in dressing the burns, and one thing that strikingly impressed me whenever thus engaged, was the horrible smell that seemed to pervade everything. The carron oil (I would have named it carrion) combining with the purulent discharges, produced an odor well nigh intolerable, especially as the weather was excessively hot. The patient made a good recovery *eventually*, though the process was not very marked, and much trouble ensued from time to time because of unhealthy granulations.

In the fall of 1863 I was called to see Frank B. of this city—a stout, healthy lad twelve or thirteen years of age. Found him very severely burned, in consequence of the explosion of a can of kerosene. He had been, before I arrived, dredged and rolled in wheat flour, which, though temporarily grateful, proves troublesome after it has been on a few hours.

I treated the case topically with the "carron oil," combined with such internal remedies as were indicated. I noticed here as in the previous case, the horrible smell and the tardiness with which the ulcers healed. Death occurred on the eighteenth day in consequence of peritonitis, produced by ulcerative perforation of the duodenum.

Feb. 21st, 1868, was called to see Mr. L. M. M. He was pouriug some patent light-making mixture, called "Aurum Fluid," which had been warranted non-explosive, on some kindling wood in the stove. There happened to be some coals among the ashes, and an explosion was the result. His face, neck and arms, and part of his breast were terribly burned. Not having been favorably impressed with the "carron oil" and other applications used heretofore, I made a preparation consisting of equal parts of sweet oil and white of eggs, which, after being thoroughly mixed together, I applied with a large camel's hair pencil. After painting the parts affected with this preparation, I wrapped them tenderly in cloths, on which was smoothly spread an ointment made of finely powdered alum 1 dr., sweet oil f.℥ij., and fresh lard a teacupful. So immediate and almost magical was the relief afforded, and the case seemed to progress so nicely, that I used nothing else during the entire treatment, which lasted thirty-five days. Although some of the burns seriously involved the muscular structures, especially of the wrist and forearm, yet the recovery was perfect—there being no muscular or tendinous contractions—no cicatrices compromising the mobility of any part. I was also pleased to observe in this case an almost complete absence of the intolerable fetor present in the other cases.

I have treated a large number of burns and

scalds since, some more or less severe, and have always been highly pleased with the treatment pursued in the last named case. When the burn is merely superficial, I have penciled the points with the sweet oil and eggs alone and have always had the pleasure of affording prompt relief to my suffering patient. Where the deeper structures were involved, I have derived advantage from using the two preparations conjointly. The alum seemed to prevent the formation of the exuberant and unhealthy granulations that are so apt to prove a source of trouble, and also apparently assisted in producing local anæsthesia.

It is surprising how severe the shock, and how soon death occurs in some cases of burns and scalds. I was called to see a child of Mr. B's, about 18 months of age. It had upset a coffee pot containing about a quart of boiling coffee, the contents being poured over its head, neck, shoulders, and down the back. Saw it about two hours after the accident had occurred. It was sitting in its mother's lap apparently unconcerned; it manifested some signs of restlessness; moved its head occasionally from side to side; uttered no moan, and gave no indication of pain; found the extremities cold and pulseless; the eyes staring, but blind, and no consciousness. Gave stimulants, and did what I could to relieve the shock and bring about reaction, but in less than an hour it was dead.

I set up no claims to originality in the treatment, but think it is not so generally resorted to as its merits claim. Prior to adopting it, I used, and have since used a great many other lavements, ointments, salves, etc., but I believe this is incomparably superior to all of them on account of the prompt relief it affords, the uninterrupted rapidity with which the healing process is carried on, and the good final results obtained.

FRACTURE OF THE SUPERIOR MAXILLARY BONES—TRAUMATIC DELIRIUM—DEATH.

Reported by F. K. Bailey, M. D.,

Of Knoxville, Tenn.

John S. ——, German, single, æt. 24, sanguine, bilious; employed in a saloon. On Tuesday, 17th instant, about 6 A. M., his attention was directed to a ten-gallon cask of ale, from which gas was escaping. While standing beside the cask, the head was thrown out with terrible force, striking him in the face. Dr. J. M. Boyd, who was called, and reached the place in a few minutes, kindly furnishes me with the following items: A fragment of the head, an inch or more in width, seems to have struck with its pointed extremity upon the chin, cutting the lower lip at the mesial line perpendicularly and horizontally, making a crucial wound. It then carried away two of the lower teeth, and pierced the floor of the nostrils, causing an opening wide enough to admit three fingers.

Both of the superior maxillary bones were separated from their bony attachments, and from each other, so that they were susceptible of considerable motion. An idea may be formed of the force of the projectile, from the fact that the head of the cask was thrown with such violence against the ceiling as to break the lathing, and leave a circular opening between the joists. Dr. Boyd dressed the wound in the lip, and adjusted the fractured bones, when the patient was removed from the saloon to his boarding house, and made as comfortable as the case would admit.

Dr. A. C. Putnam, one of our resident physicians, then assumed the care of the patient, and has kindly furnished me with the subsequent history of the case. The shock, though severe, was not excessive, and reaction slowly came up. The pulse was neither frequent nor hard. The bowels were moved by means of enemeta, and full doses of opium administered both by the stomach and the rectum. There was nothing particularly unfavorable in the symptoms, but what might be anticipated after so severe an injury, until at an early hour on Friday morning, the fourth day, when he arose from his bed and walked two blocks to his saloon. From this time he be became delirious, and during the day grew worse every hour.

On Friday night he tore the dressings from his face, became furious, and when restrained, called for the police to protect him from supposed enemies. On Saturday, stertorous breathing commenced, and he gradually sank away, till 2 o'clock on Sunday morning, when he died.

The delirium was irritative rather than inflammatory, as reaction was not high, and he was inclined to be cold, and covered at intervals with a profuse perspiration. I omitted to mention that from one to two pints of blood

were lost during the first two or three hours, which would tend to produce depression. This occurrence affords, also, an interesting instance to show the great expansive force of a gaseous substance. The cask was strongly hooped with iron, and the head was nearly two inches in thickness.

NOTES FROM PRACTICE.

Unequal Power in Right and Left Eyes.

If there is anything remarkable in the following case, it may be the fact that by ordinary light the visual sense is the same in both eyes. H., male, æt. about twenty-four years, received, several years since, while in a buggy, a kick from a horse on the right side of the head, and as far, he believes, as the outer canthus, though not directly over the eye. He suffered much at first, and from his own history neuralgic pains continued for some time, though the case now gives but little trouble. There is some paralysis of third nerve (motor oculi) evinced by ptosis. Though a dilated pupil usually or more often attends ptosis, the pupil (right eye) is very small, being contracted to about half the size of that of left eye in a moderate or very feeble light, (both eyes being exposed to the same light) and when under the stimulus of either a medium or brilliant light, the iris seems to possess but little sensibility, the pupil remaining all the time about the same size. He had not noticed that vision was not as good in this eye as the left one. I find by experiment that with but little light the sight of the left is rather better than that of the right eye, though by ordinary light no difference can be perceived.

Cataract.

I believe I have seen the opinion expressed that great improvement of sight has rarely happened during the operation of couching for cataract; and it happened in my practice in the following case only—though at that time accustomed to the performance of that operation in lieu of absorption—yet I see no reason why it should not have frequently occurred in cases unaccompanied with amaurosis or other disease! In 1855, while attempting extraction for a venerable gentleman, Z. P., æt. seventy-four, blind in both eyes, the iris prolapsed immediately after the blade of the cornea knife entered the anterior chamber, necessitating the withdrawal of the instrument, when I at once proceeded to depress the lens, and before the needle was withdrawn from the eye, the patient stated that vision was perfect, and after the eye was closed, remarked in substance, "though I never saw you before, doctor, if the operation should succeed I shall have no difficulty in recognizing you in future." Objects could be distinguished for some time, though less distinctly than just at that moment, and blindness, as anticipated, subsequently returned.

Stramonium Burr—Its Effect.

In October, 1855, a young man by some accident received a blow from a stramonium burr upon some part of the eye-ball, in consequence of which, excessive dilatation of the pupil, one or two hours afterward, was evident.

The effect of stramonium upon the pupil is well known; but this case may not be without interest, and there may be reason for the inquiry: How small a quantity is sufficient to have its effect? or, was it owing to the peculiar mode of application, and, when so applied, would the effect invariably follow?

Conjunctivitis.

I think I can speak from experience of the efficacy of the following formulæ (as collyria,) in many cases of purulent and other forms of conjunctivitis:

℞. Vin. opii, f.℥j-ij.
Al. et. pot. sulph.,
Zinci sulph., aa. gr. v-x.
Sacchari albi, ℥j.
Aquæ rosæ, f.℥iv. M.

℞. Liq. ferri persulphatis,
Tr. opii deodoratæ, aa ♏x.
Aq. dest., f.℥j. M.

Constipation.

We have found the following formula especially useful in constipation where a cholagogue may be indicated:

℞. Aloin,
Leptandrin, aa gr. xv.
Ol anisi, gtt. v.
Syr. acaciæ, gs. M.
Fiat pilulæ xxx.
S.—1 to 4, or more, according to the effect desired.

Sugar in Dyspepsia.—We have for many years been using pure sugar in some form of dyspepsia. Though often beneficial when employed alone in migraine (attended with vomiting, or nausea, or a tendency thereto,) the following combinations will in some cases of this affection be found of great value.

℞. Sacch. alb., ℥j-ij.
Zingiberis, gr. v.
Sodii chlor., gr. v-x. M.

℞. Sacch. alb., ℥j-ij.
Capsici, gr. iij-vj. M.
S. To be taken alone or with but little water.

In a large proportion of cases, sugar proves a preventive of the deleterious effects of greasy articles of diet, a fact, which if known, seems not to be acted upon to any great extent; pure candy answers a good purpose. The sugar (which may be taken at the same time, or immediately afterward) in most cases, should not be cooked, nor intimately mixed with the other substances; an example of this we see in pound-cake, a poison which should never be seen on a physician's table.

From the utility of sugar in indigestion, or while using indigestible substances, a dessert of a simple kind, is oftentimes beneficial. For the same reason, nut-candy may be frequently be eaten with impunity, when the nut alone would disagree.

In the use of this remedy, it must not be forgotten that weak saccharine solutions are sometimes positively injurious. J. B. R. P.

Hospital Reports.

PHILADELPHIA HOSPITAL.

May 11th, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc., etc.

(Reported by Ralph M. Townsend, M. D.)

Gentlemen: The first case I bring to your notice this morning is the woman suffering from phagedena. (Reported in last No. of Medical and Surgical Reporter. T.) Her pulse this morning is 90, and her vital stasis is much improved. The upper portions of the slough have already commenced to granulate, but the lower, being the most dependent, collect the accumulating discharges from above. Hence, we still have slight sloughing of the thigh, but it is under control. Looking at the woman's face, you see the dull cast of countenance, indicative of a typhoid state, has passed away, and the patient seems entirely herself. The treatment will be continued.

Prolapse of the Rectum.

(Full report of this case in the Reporter of April 2d, 1870: p. 272. T.) This woman has improved amazingly, so much so that I scarcely recognized her case as I passed through the surgical wards. In the treatment of this case I told you that I had an idea, after sufficient granulation had occurred, of touching the parts with a hot iron, so that the resulting cicatrix might aid both in returning and holding the bowel. But the woman has improved so much under the treatment prescribed for her that I do not think the procedure necessary. There is now, as you see, but a small circle of ulceration around the margin of the rectum, the bowel has returned within the pelvis, and the woman can retain her feces in the recumbent posture. If she was not so old, flabby, and broken down, we might hope, from what has already happened, of making a perfect cure of the case.

Bed-sore.

I show you here one of the most horrible cases of bed-sore, resulting from typhoid fever, that has ever come under my notice. There is extensive ulceration, extending down to the fibrous tissue, over the whole posterior surface of the pelvis. The sacrum and coccyx are entirely exposed, as is the great trochanter of the right-side, and the corresponding sacro-sciatic ligaments. With the history of this case previous to her fever, I am unacquainted.

She requires eminently the best and most concentrated diet, along with iron, quinine and some alcoholic stimulant. Topically, absolute cleanliness, soft matrass, and poultice, if required. Many remedies, peculiarly efficacious, might be used here, as the oxide of zinc ointment; the ointment of the nitrate of mercury; opiate cerate, etc.

Probably death will soon end the sufferings of this, and kindred cases, where there is so much emaciation, destruction, and exposure of tissue.

Amputation of the Thigh.

The following is a brief history of the man now before you. J. T. W., colored, æt. twenty-four years, is a farmer and native of Virginia. He is temperate, and has never had syphilis, nor any scrofulus manifestations in childhood. In January, 1868, he fell a distance of ten feet, through a vessel's hatchway. In the fall he struck his right knee, which soon became swollen and painful. The injury did not prevent his use of the limb, but one month afterwards a large stone fell upon and injured him in the same place. As a result of the last accident, he was confined to his bed for two months. Wet cups were applied to the parts after each of the aforementioned mishaps. He hobbled about with a crooked leg until April, 1869, when he was admitted to this hospital. He limped around the wards until the fall, when the knee again became worse and confined him to his bed. In November, 1869, Dr. Wm. H. Pancoast applied the actual cautery,—as the scars remaining on the knee show. This is an excellent application, and should always take precedence of severe procedures. But notwithstanding counter irritation, rest, and constitutional treatment, you see the present bad condition of this man's leg. The parts around the joint are immensely swollen, painful, and sensitive to the slightest motion or pressure. The man does not look scrofulous, though in this race it is almost impossible to tell.

If I lay open these parts, there will probably be discharged a peculiar gelatiniform substance. Of whatever character, however, the discharge may be, it is acting as a foreign substance, and causing destruction of the parts. If I steady the thigh and manipulate the leg, there is a peculiar lateral movement, which is diagnostic of the involvement of the lateral ligaments, in this case the external. All these points, the pain, the swelling, want of motion, the chronic nature of the affection, etc., have their separate bearings upon the case. There is no prospect of recovery, while the man remains in his present condition. My plan is to make an exploratory incision, laterally, on either side of the knee, and if the joints are involved by the disease, only from $\frac{1}{4}$ to $\frac{3}{4}$ of an inch, perform excision. If the joints are involved to a greater depth than this, and the cancellar tissue of the bone is involved, I prefer amputation.

The surgeon who first practised excision, and very curiously the knee-joint was first to be excised, was Mr. Filkin, of Cheshire, England. Mr. Park, of Liverpool, excised the joint of a sailor, who made so complete a recovery that he was afterwards enabled to climb the rigging. The Moreaus, senior and junior, also practised this operation with success. In 1850 Mr. Furgueson brought this operation prominently before the profession. Butcher, of Dublin, who is identified with this operation, has done, probably, more than any other surgeon to promote it. There is not much danger in the external incision, but in the internal we must avoid the long saphena vein by cutting above it.

Dr. MAURY now made an exploratory incision some five inches in length. The knife was pressed firmly to the tissues, so that the one incision should reach the ligaments. A gelatinous discharge followed the withdrawal of the knife, and the operator, introducing his finger into the wound, found that the external lateral ligaments were destroyed, and that the articulating cartilages of the femur and tibia were softened and almost wholly destroyed. A long and serious abscess run the length of the inferior third of the femur, denuding it of its periosteum. After a short consultation with his colleagues, excision was deemed impracticable, all agreeing that in amputation the man stood the best chance of life. A tourniquet was now applied to the femoral artery, which almost wholly controlled the hemorrhage, the patient, at the outside, not losing over two ounces of blood. A long anterior and short posterior flap was then made, and the thigh amputated in its lower third. After the removal of the tourniquet, and the ligation of the large arteries and femoral vein, there was found to be a decided tendency to oozing, principally venous. The flaps were, therefore, well washed with ice-cold water, and after as many ligatures had been applied as were deemed safe, the parts were well saturated with Pancoast's styptic.* The flaps were then brought together and secured with a few interruptive sutures, adhesive strips and bandage, and the directions given to have the patient well watched with a view to the prevention of secondary hemorrhage.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

May, 1870.

(REPORTED BY DR. J. W. HADLOCK.)

Dr. C. G. COMEGYS reported, verbally, two cases, involving, as he thought, important reflex nervous action.

1. Use of ice-bags to relieve congestion and arrest impending inflammation. To illustrate the action of this remedy, Dr. C. reported a case of

Mammitis.

The patient, six weeks after confinement (and who had much suffering from "cracked nipples"), by exposure to currents of air, was seized with congestion of the left mamma, accompanied by a rigor and general fever. The breast was found to be swelled and very painful, skin hot, and pulse 110. Ordered a bladder of ice applied to the organ, with linen cambric handkerchief interposed, and three drops of tr. veratrum virid., every three hours. Beef tea diet. On second call, fifteen hours afterward, found his patient greatly relieved; fever had subsided and no pain or swelling in the breast. She said the ice promptly relieved the pain.

For several years past the Doctor said he had been in the habit of treating inflamed mammæ in this way, and if an abscess was not already developed, always succeeded in establishing a prompt resolution. And where the abscess is already formed, the effect of the ice-bag is to drive away the excessive accumulation of fluids surrounding it, leaving the swelling isolated; the pus is then evacuated, the cold application continued, and resolution rapidly ensues. He has no longer any relapses, which so often occurred under the old method of treatment.

He thought the condition of paralysis of the vaso-motors of the arterioles, and vessels which always exists more or less in hyperæmia, was overcome by the stimulating impression of the ice upon the sensory cutaneous nerves, which was reflected through the vaso-motor system, and excited a healthy capillary circulation again in the deceased part. It was possible, he said, for this excitation of the motor

* Pancoast's Styptic:

℞. Alcohol, f.℥iij.
Sapon. castil., ℥ij.
Potass. carb., ℥j. M.

branches of the vascular nerves, to be produced by altered conditions of polarity of the nerve centers by the mere transmission of cold through other tissues than the nerves; but the first explanation is sufficently satisfactory, and is harmonious with well-known laws of nervous action.

In regard to the use of ice bags he further remarked, he found that their application was of great value in meningitis, tonsillitis, laryngitis, inflamed joints in rheumatism, orchitis, paronychia lymphadenitis; in short, in the congestive and inflammatory conditions of all organs near the surface; and he does not doubt but that the application of ice bags would be of immense value in peritonitis. In hæmoptysis he has often had speedy improvement, not only by directing the patient to swallow ice, but by placing ice bags on the chest also.

Vomiting in Pregnancy.

Case 2. He had recently relieved an alarming case of this distressing affliction, as he had often done before, with sulphate of atropia; giving first 1-50 of a grain, then 1-70 every three hours, until the ordinary physiological effects of the drug were produced. It is necessary to maintain its effects for a length of time, or relapse will occur. He has never found any remedy equal to this, although he has tried all those in succession which are most famous, especially oxalate of cerium.

Vomiting here, we all know, is of a reflex character, and is most likely caused by anæmic conditions of those nerve centres within whose territory the stomach lies; this anæmia being due to irritation of the vaso-motors controling the circulation of blood in these centres. The atropia relieves this spasmodic action thus excited, and establishes the normal supply of blood again. The irritation may still be kept up by the uterus, but its evil effects are defeated by the drug.

The nerve force is generated by the molecular movements of the neurine in the nerve centres, and its normal conditions are maintained by the nutritive process dependent upon blood supply. It is certainly true that perversions of the force may be due to altered conditions of polarity produced by many agents besides; but serious alterations of blood supply furnish most remarkable changes.

Editorial Department.

Periscope.

Rheumatism.

At the Therapeutical Society lately, M. G. de Mussy gave an account of his success in the treatment of rheumatism by a combination of colchicum with bromide of potassium, referred to in the *Medical Press and Circular*. M. de Mussy has long employed tincture of seeds of colchicum in articular rheumatism, and it generally removes the fever in a few days. When he first added to this the bromide, he found not only relief to the febrile symptoms but a calm sleep, never disturbed by the dreams that opiates often produce. He gives the tincture in doses of 15 to 20 minims—occasionally even to 30—but never exceeding that last dose, so as to avoid intestinal irritation. He does not believe that diarrhœa is a good effect of colchicum, but that this is always injurious and occasionally very dangerous. Once he saw a case in which colchicum had been ordered to be suspended, but the order not being obeyed, the diarrhœa went on to a fatal dysentery. At the *post-mortem* examination the large intestines were found lined with an abundant eruption. In smaller doses 10 to 12, or even 15 drops of colchicum will not cure rheumatism. In sub-acute cases M. de Mussy employs in addition iodide of potassium or quinine, according to the constitution of the patient, and afterwards a course of arsenical baths. Colchicum acts like quinine in these cases, as a febrifuge; it exercises a depressing influence on the circulation. It further has an effect on the alimentary canal, and is thus related to veratrum, antimony, and other drugs. Acting on this view, M. Gubler has been treating acute rheumatism by antimonials, followed as soon as the evacuations have sufficed by quinine, which acts far more certainly after the evacuant effects of the emetic tartar. He follows the quinine by bromide of potassium as hypnotic and diuretic. There is some analogy in these two modes of treatment, for the colchicum may act much like the antimony, as an evacuant, either being given prior to quina and the bromide.

Indications for Trephining.

According to Baron Larrey, trephining should be performed (1) in fractures of the skull with driving in of the fragments, (2) in fractures complicated with foreign bodies being driven into the cranial bones, (3) in various mechanical lesions of the head, such as produce compression of the brain from effusion of blood or pus, provided the local lesion is well

defined. It should not be performed if the blood or pus does not appear to form a focus; nor when a substance which has entered the cavity of the skull is lost in the substance of the brain; nor in simple fracture; nor in prolonged coma; nor in epileptiform convulsions; nor in diffuse inflammation of the brain or its membranes. These conclusions are founded on the experience of his father.

Oxygenated Bread.

Dr. BIRCH, in a number of the *Lancet* for last year, recommends this preparation. He says: It may probably be remembered by some readers of the *Lancet* that in 1856 I drew attention earnestly to Barth's inhaler with *pure* oxygen largely condensed in small iron bottles, which had much aided me in gaining my experience up to that date; and, let me be permitted here to add, I believe it still to remain the best and most accurate method of supplying and inhaling the gas for therapeutic purposes. Two or three years afterwards professional attention was solicited by me in favor of Barth's oxygenated water (by a new process, pure oxygen being made to take the place of all the atmospheric air in the water); this had much interested me before it was made the subject of a patent by Mr. Barth. About the same time Thénard's discovery was introduced in its therapeutic aspect by Dr. Richardson. Of these two methods of exhibition by the stomach, the new oxygenated water has best satisfied me for ordinary use, since it can be taken as a *not unpleasant* beverage; while the peroxide of hydrogen is found to be a disagreeable medicine by most persons, and is certainly more apt to cause internal discomfort and flatulence than the oxygenated water. Neither of the two, however, having proved altogether satisfactory (though each is exceptionally useful and not to be quite superceded), it affords me much gratification to be able to lay before the profession a third method of administration by the stomach, to which my attention was called a few months ago, and which (judging from my own trials with it) seems calculated to prove a boon in medical practice.

Oxygenated bread is the method in question: while I may just make the passing remark, that some years back the crude idea was tested by mixing chlorate of potash as well as oxygen gas with bread before baking, but these of course failed, no *active* oxygen remaining after the bread had been baked. The simple principle, put into practice in oxygenating *baked bread*, is somewhat allied to that which obtains in manufacturing "Barth's oxygenated water"—viz., the substitution of pure oxygen for a large portion of the atmospheric air and carbonic acid present in bread. The bread to be oxygenated is made partially to collapse by means of an air-pump, and then oxygen, by an ingenious contrivance, is pressed into the bread so as to restore its previous bulk. One point appeared to me at first to present an insuperable barrier to the general employment of this bread, viz., the great rapidity with which it became mouldy, even in twenty-four to forty-eight hours, before opening the tightly-closed tins. This defect has, I am glad to say, been apparently overcome by two suggestions of my own—(1) the use of Dr. Daugleish's aërated bread in place of ordinary fermented bread; and (2) a piece of paper impregnated with a solution of phenic acid placed within the lid of each tin. The flavor transferred to the bread is so slight as scarcely to trouble the most fastidious taste, and will prove a positive advantage to some patients who desire medicinal flavor; while, if care be taken in immediately closing the tin cases on each occasion of use, the unfermented bread (oxygenated) will keep good for some days, even without the phenic-acid paper.

A surprisingly small bit of this oxygenated bread proves its special influence in suitable cases. Moreover, its relative effect upon the appetite is singular. Thus, on the one hand, as might be expected, it stimulates the appetite where absent or capricious; while, on the other hand, it tends to produce such a sensation of epigastric fulness, when sufficient food has been taken, as to effectually suspend (if not satiate) the morbidly craving appetite. These facts as far as they have already been observed, are full of significance in relation to influence upon assimilation and nutrition.

With respect to the deranged conditions of the animal economy in which oxygenated bread is specially indicated—indigestion from nervous weakness, local and general, and lowered power of assimilation and secretion from glandular or nervous cessation—hold the foremost place. In fact, many of those continually recurring cases of functional derangements of stomach and liver and intestinal canal, with spanæmia (which claim general recognition as demanding iron, quinine, the mineral acids, small mercurials, &c.,) will be often treated, I venture to predicate, less objectionably and more effectively by oxygenated bread. Possibly it may with advantage supersede to a great extent, animal products, such as artificial pepsine and precantine.

Of secondary diseases from constitutional or acquired debility, associated with perverted nutrition—mesenteric affection and intractable ascarides in children, as well as incipient pulmonary disease, have already been found by myself to undergo considerable improvement within a week or two after commencing this bread, and under its almost unaided influence. Of permanent benefit from its prescription in such cases I cannot at present speak.

Buttermilk as Food for Infants.

Some important papers on buttermilk as a dietetic article, have appeared from the pen of Dr. A. M. Ballot, of Rotterdam, in the London *Medical*

Times and Gazette from which we make a sufficient number of extracts to give his views about its preparation and administration.

Every medical man knows how difficult it is to provide food for babies when there is no mother's milk for them. The case becomes still more difficult when they are already ill before advice is asked.

Some years since, my attention was drawn to the use of buttermilk for infants' food. It was no theory of mine, but I heard of some cases where the method was followed by good results; so I tried it, and the success was such that the method acquired in a short time a great popularity amongst all classes.

In 1865, I published my experience in our medical journal (reprinted in Schmidt's "Jahrbücher," 1866, No. 5,) and I had the satisfaction of seeing the method adopted by many. To show that it was no novelty, I must mention one curious fact. An elderly village doctor made the remark in our journal that it would be good if medical men were to visit the country before they settled in the towns; they would then learn many things hitherto totally unknown to them. Now this remark was very agreeable to me. I was glad to learn that the use of buttermilk for babies was so old in that part of the world that the publishing of my method excited the sarcasms of the village doctor.

Four years have elapsed since then. Not tens or hundreds, but thousands in Rotterdam alone are bred up with buttermilk; therefore I think it now time to make this food more generally known.

Many of my benevolent readers will perhaps laugh at the idea of the buttermilk (*buttermilch* in German, *karnemelk* in Dutch), which is generally given to the pigs, as a thing to administer to the babies; and I do not deny that I thought so myself when I first heard of it. From time to time I heard of a single case where buttermilk was given and with success, but as it was so unheard of, there it rested.

I tried it with such unexpected success that I must narrate the first case. It was the child, some weeks old, of a laborer, whose wages were nearly 9s. per week; when you remember that meat costs here 1s. 6d. the kilo., you will conceive that meat is unknown otherwise than by sight to this sort of people. The mother had milk, but the child was very poorly, and on first sight you would have expected to see it entered on the dead-list under the head "pædatrophia;" the stool was green as spinach. What to do here? no idea of a nurse for this sort of people, medicines could perhaps be useful, but food seemed the most useful. So I advised to give the child buttermilk, to boil a pint (litre) of it with a spoonful of wheatmeal, and to add sugar to each portion given to the child out of a bottle, after having warmed it. The child remained suckling, and took the food. After a week the stool was of a healthy yellow color; the face and body, after some weeks, had a healthy expression; every one who had seen the child recover would have been converted with me from the idea that buttermilk was only food for the pigs. The second and third time I tried it with the same effect, so that my belief in it became firm. I gave it then to my own baby, only three weeks old, in addition to the mother's milk, with entire success.

How can we explain that buttermilk is so easily digested whilst we always fear to give acids to children? How often to the ordinary cow's milk magnesia or carb. calcis is added that the milk only should not, perhaps, become acid? and here we have a food which must be acid, and which is often very acid too, I can assure you. Let us once again compare buttermilk with mother's milk:

	Average quantity in buttermilk.	Average quantity in mother milk.
Caseine	43.8	34.3
Milk Sugar	23.6	48.2
Butter	2.0	25.3
Salts	5.6	2.3
Total solids	78.25	116.4
Water	921.75	883.6
Lactic acid	2.75	nil

The reason of the digestibility cannot be found in a conformity between the two foods. The casein in buttermilk is much more, the milk sugar and salts less. Butter there is nearly none. Could that be the case that it is more easily digested? but then some add it to the food. The total solids are much less, but then sugar and wheat flour are added; and last, certainly not least, comes the lactic acid, the most incomprehensible of all, alone a reason for Dr. v. Hohl, in Riga, to reject it as a food without even having read my previous article on it *tant pis pour lui.*

And precisely, I believe, the presence of the lactic acid is one of the reasons why the buttermilk is so easily digested. In an analogy with the mother's milk the explanation is not to be found, but there is an analogy with the half-digested mother milk and the half-digested cows' milk. There gets no milk into the stomach without being more or less coagulated by the acids of the gastric juice. Now, with the buttermilk the stomach gets a food already partially digested, and, accompanied by the acid, mostly considered as a normal part of the gastric juice, the lactic acid which, in combination with the pepsine, dissolves albuminous substances.

The manner in which the buttermilk food is prepared is this: To a pint (litre) of buttermilk is added a spoonful (0.16 gramme) of wheat flour. When once it boils, it must be kept so not longer than some minutes; the pap must be very thin. Sugar is added to every portion the child uses, so that it may have a sweet taste. To a pint of milk are added 8 or 10 decigrammes of sugar. I attach

no importance to the addition of wheat flour or meal, and would omit it totally because often there is added too much, and I believe that the utility of the food lies in the buttermilk itself; but then the cook says that when buttermilk is boiled alone it will separate, also with wheat flour the pap is nicer than with wheat meal, otherwise the last would be better. That the buttermilk should boil is necessary, were it only to make inoffensive the added water, which is perhaps of a bad quality. When the child has a little diarrhœa, rice meal is often added instead of wheat flour.

Before I proceed I must repeat that I most like to have the buttermilk administered in combination with suckling. Already in the third week I begin with it; in the beginning some teaspoonfuls are given to the baby in order to habituate it to the taste. Then you go over to the use of the bottle, because nature indicates it as the best form in which the child should take its food; the best sort of bottle is an ordinary medicine bottle, with a capsule of gutta-percha, because you can clean it any moment. Those complicated bottles with long tubes, in which you cannot get with your fingers to clean them, are very bad. The food must be administered warm (96° Fahr.), which is done by putting the bottle in hot water. Generally the babies like it in short time, and even though it occurs sometimes that some one not so easily takes to the smell, it is not too soon to be omitted, because in nine cases out of ten it will succeed certainly. So certain am I and several other colleagues with me now of the success, that, when it does not succeed, we attribute it to the nurse. When the child has once taken a liking to the butter milk, the best plan is to give it twice a day; you will begin only with very little, but by degrees it will take more and more. He can take *ad libitum* as much as he likes, for in this it agrees with all simple food, that it is not likely that too much could be taken of it; the baby generally takes at once as much as pleases him, and ceases then abruptly; and if you would urge him it would rarely succeed. The best time for administering it will always be when the baby takes a longer sleep, as in the morning after it has been refreshed, and then again toward night at six or seven o'clock when it is put into the cradle.

In what cases is it to be administered? When, now, I am asked in what cases this buttermilk is to be administered, my answer is, in all those cases where the mother has either not milk enough for the baby, or is rather feeble, and is either unwilling to take a nurse or has no means for it.

The child to whom buttermilk is to be given should be healthy. When either there is no money for a nurse, or the child will not suck by another nurse, which happens very often, then an exception can be made; but it is not to be forgiven that the child should not have the best food when money is no impediment.

When there is no money the case alters, but so long as it is possible the child should suckle sometimes, even from a neighboring woman. When this also is impossible, then only the child should have buttermilk alone. That they can prosper with it alone I have had myself beautiful examples, and many of my colleagues; cases where former children died, even those who had the breast and bottle, with buttermilk alone, became beautiful children.

Then there is another great advantage of buttermilk in addition to mother's milk. The illnesses that occur often when the children are weaned (*sevrés entwöhnt*) are mostly avoided. By degrees you accustom the child to other food, whilst the buttermilk has become the standard food. Here in Rotterdam I reckon the best time for weaning when the child is eleven months old; after that time it becomes more and more difficult.

When diarrhœa occurs, the use of buttermilk is very rarely advisable. Instead of wheat flour, rice flour can be added with the buttermilk food, and rice water half and half given.

Treatment of Eczematous Disease.

Erasmus Wilson, F. R. S., Professor of Dermatology in the Royal College of Surgeons, in a lecture to the Royal College of Surgeons, reported in the *Medical Times and Gazette*, on this subject concludes:—I have now passed in brief review the six diseases which I have grouped under the head eczematous affections. There is the typical polymorphic eczema—namely, psoriasis, pityriasis; the papulous forms, leichen and strophulus; and the pustulous form, impetigo. And I hope I have made the alliance between them, as well as their differences, sufficiently clear. Upon this presumption I shall proceed to say a few words as to their etiology and treatment.

Eczema, both in its moist and its dry forms, is a disease of debility of the skin, for the most part proceeding from disorder of digestion, or assimilation, and nutrition, and sometimes from local causes. Therefore our treatment, like the etiology, must be equally two-fold; it must be constitutional, and it must be local. Constitutionally we must regulate the functions ef the alimentary canal and its associated organs by their appropriate remedies; and we must apply tone or vital force to the system by every means in our power. We may require the aid of a mild purgative pill to render the act of elimination by the bowels sufficiently active, and at the same time that we open a way for the proper evacuation of the contents of the alimentary canal, we may endeavor to improve assimilation and supply force by means of the mineral acids with bitters, by quinine, and by the citrate of quinine and iron; and, when all is accomplished that ordinary tonics

will effect, and in an indolent state of the disease, we may have recourse to that most valuable of nerve-tonics—arsenic. The powers of medicine, it must be understood, must be proportioned to the force of the disease and to the constitution of the patient. In certain states of debility, cod-liver oil is an excellent remedy; so also, and in various forms, are iron, phosphoric acid, and in fact, tonics of every class.

In the *local* treatment we have to adapt our means to the indications presented by the form of the eruption. In its erythematous form we may have recourse to a sedative powder to relieve heat and itching, or to a lotion of oxide of zinc, calamine, and lime water. In the papulous form a lotion is best suited, such as that of hydrocyanic acid with emulsion of bitter almonds, or one of carbolic acid or tar. In the vesicular, the ichorus, and the pustular forms the best remedy is the benzoated ointment of oxide of zinc, either alone or in combination with carbolic acid, spirits of wine, or camphor; and the ointment is to be employed not merely as a sedative, but as a means of excluding the atmosphere from the inflamed skin. In the squamous form of the disease, where the inflamatory process is still active, a similar sedative course of treatment must be pursued, but as soon as an indolence of character becomes apparent, our treatment must be stimulant, and we must employ mercurial ointments and preparations of tar and soap. There is a short period in the course of an eczema when the water-dressing may be of service —namely, when the heat and itching are so great as to prevent sleep, the moisture of the water-dressing will promote exudation, and exudation will relieve the tension and hardness of the skin induced by infiltration. In fact, the water-dressing converts a dry into a moist eczema, and in the latter state the treatment must be that which is adapted for eczema ichorosum. This is the principle of treatment of psoriasis: to promote exudation to the full relief of the distended and indurated tissues, and then to induce the healing of the skin by sedative measures. In that other dry and furfuraceous eczema known as pityriasis, the nitric oxide of mercury ointment, diluted to one-third of the Pharmacopœial strength, is invaluable; while in eczema attended with irritability or neuralgia, we have an admirable remedy in a lotion of the nitrite of silver in solution in nitrous ether.

Scabies, which, according to interpretation, is an eczema dependent on a local and a living cause, the mintue animalcule denominated acarus scabiei, requires the destruction of the acarus; and after the destruction of the acarus, if any irritation of the skin remain as a sequela, whether in the form of pruriginous pimples or real eczema, the treatment adapted for the latter forms of eruption must be employed and persevered with until the whole of the irritation has ceased. Our problem, therefore, resolves itself into the simple one of the destruction of the life of the acarus, and to this end perfumes and strong odours of all kinds—oils and grease, stavesacre, chamomile, carbolic acid, and last and best of all, sulphur—are all conducive. It is important to know the habitat of the acarus in order to follow it to its home. In this country the chief habitat is the thick epidermis of the hands and fingers, the pudendum and neighboring parts, the podex, the anterior border of the axilla, and, in infants, the feet as well as the hands. A little sulphur ointment well rubbed into hands, particularly at the seat of the broken skin or of the burrows, will inevitably destroy the acari and their ova in a few hours, and promote a cure in a few days or in a week. A similar friction may be used to any part where the peculiar itching of the acarus is felt; and this, with ablution and attention to clean linen, is all that is needful for a cure. The only caution that is necessary is to avoid using the sulphur too bountifully or too long, and, as it is an irritant to the skin, to subitiute for it in the case of children and infants the stavesacre ointment perfumed with chamomile or carbolic acid. Lichen presents itself for treatment, sometimes in a pruriginous and sometimes with an inflammatory character. With the latter aspect the means of relief are similar to those required for eczema; and nothing will be found more to the purpose than the oxide of zinc ointment with carbolic acid. To relieve the itching we must have recourse to special antipruriginous remedies, such as lotions containtaing bicarbonate of ammonia, or hydrocyanic acid, or carbolic acid, or tar.

Strophulus, being a lichen of infants, requires the use of remedies adapted to the sensitive organism of the earliest period of life; and the benzoated oxide of zinc ointment, alone or with spirits of wine or spirits of camphor, will accomplish all that can be desired.

Impetigo implies a pyogenic disposition of the constitution, and demands a similar treatment to that which is applicable in eczema pustulosum. The benzoated ointment of oxide of zinc with carbolic acid is invaluable, and, as the subjects commonly affected by the disease are young persons, that portion of our Pharmacopœia which is devoted to nutritive tonic remedies is brought into requisition—for example, iron, with hydrochloric and phosphoric acid, and cod-liver oil.

The Nitrite of Amyl.

At a meeting of the Clinical Society of London, in February, Dr. ANSTIE communicated a case of angina pectoris relieved by nitrite of amyl. The patient was a gentleman aged about 50, of a highly nervous temperament, a sufferer for the last twenty years from spasmodic asthma, and very liable to

facial neuralgia. Between four and five years since he began to suffer from severe and frequently recurring attacks of angina pectoris, and his life was for a long time in much danger. By the use of sulphuric ether in large doses, and of considerable quantities of alcoholic stimulants, the attacks were diminished in frequency and violence; but they have never ceased to recur at intervals whenever the patient was much fatigued or excited in the course of his professional work. In December last it was determined to try the nitrite of amyl, and on the recurrence of the next anginal spasms, the sufferer took one long and powerful inspiration through one nostril from a half-ounce bottle of the drug. After a pause of a few seconds, the characteristic flushing of the face and sense of fulness in the head were induced, and the patient instantly passed from agony into a state of perfect calm repose.

The experiment has been several times repeated on the recurrence of the heart-pang, and always with complete success, and the result has been most fortunate, as the patient has been able to entirely dispense with the disagreeable necessity of taking large and frequent doses of ether, and also greatly to reduce his allowance of stimulants. There has also been much less trouble than formerly from asthma, and he has obtained far more natural sleep at nights. The angina, although very severe, appears to be purely neurotic; no cardiac change, or at most a small amount of dilatation, can be discovered by the most minute physical examination. From some further observations Dr. Anstie believes that amyl is a relaxer of spasm in all involuntary muscular fibre, and it would be particularly useful in colicky affections. He would not, however, advise its use by aged persons or others who might be likely to have commencing degeneration of the minute vessels of the brain, for fear of apoplectic accidents.

Dr. Farquhar said that in India he had seen a gentleman suffering from a kind of colic, paroxysmal in its character, and coming on at night, very terrible to the sufferer. Bromide for a time gave relief. He then tried the nitrite of amyl, when, as the patient expressed it, he was transferred from agony to heaven in a moment. The disease partially returned when the drug was discontinued. In another instance similar to the above the nitrite also did good. In reply to Dr. Buzzard, he stated that the attacks seemed to wear out.

Ergot of Rye as a Therapeutic Agent.

Dr. CURRAN writes to the Editor of *Medical Press and Circular*:—Perhaps I may be permitted taking advantage of the present opportunity whilst on the question of ergot of rye as a hæmostatic, to record the following experience of it:

I had a few weeks ago been in attendance on a young lady in a country district, who suffered from typhoid fever. She had a favorable crisis, and was progressing rapidly towards satisfactory convalescence, but upon the second day of her leaving her room, she took an undue amount of exercise, or walked about her parlor more than was consistent with her strength, and the illness which had just subsided, as well as being indiscreet in her eating. I was sent for in the middle of the night and told she was dying. Upon my arrival, I found her in a state of collapse, with scarcely any pulse perceptible at the wrist. She had passed a large quantity of blood *per rectum*, and it continued to be discharged even then. I had hurried off without being prepared to deal with such a case, and being several miles from home, I was at a loss how to proceed. In such an emergency as this, turpentine is objectionable I consider. Fortunately my obstetric case was in my pocket, and I did not hesitate a moment to give her a full dose of ergot. I had the satisfaction of knowing that in twenty minutes the hæmorrhage had entirely ceased. I left another dose for exhibition if required, but I had the pleasure of learning a few hours subsequently, upon repeating my visit, that its administration was not needed, the first dose having averted entirely the hæmorrhage.

The following day there was a return of the bleeding when the bowls were being relieved, but of trifling extent. This also I treated with ergot.

The young woman is still under treatment, being in a state of anæmia from loss of blood, but in every other respect she is progressing favorably.

Carcinoma of the Mammary Gland.

Mr. Savory says in the *Press and Circular* that, as a general rule (exceptions are too rare to invalidate it,) cancer of the breast, when excised, returns and destroys the patient. But excision may slightly prolong life, as well as remove the disease for a time as far as its apparent features are concerned. Sibley found that patients operated on lived 53 months, others only 32 months; but then, of course, only the more favorable cases were operated on. Sibley says the disease usually recurs in about fifteen months after operation. Ill defined tumors are the worst. There are many degrees of induration. The stony indurations are slowest in growing. A favorable sign is when the skin moves freely over the surface of the tumor. If the skin looks coarse and feels rough it is a bad case. Should the skin be fixed on the tumor, it is discolored. Ascertain whether the tumour moves freely on the pectoral muscle. In the worst cases, the whole mamma, with the skin around it, is converted into a solid, uniform lump, blending with the muscle below. Glandular affection in the axilla tells strongly aganst the success of the operation; but it may sometimes be removed.

Glands in posterior triangle of neck are sometimes affected in bad cases. The more rapidly the disease is advancing, the worse the prognosis. Cancers are less active in the aged, and sometimes even appear inclined to wither up. The operations on old persons is sometimes needless. The whole gland must be extirpated in cancer, and portions of the pectoral muscle, even, excised, when it is affected.

Effects of an Adherent Prepuce upon the Urinary Organs.

Mr. Thomas Bryant, Surgeon to Guy's Hospital, says:

"It cannot be too much kept in mind, that an adherent prepuce by itself is capable of producing symptoms of difficult micturition, incontinence of urine, retention of urine, intermittent flow of urine, hæmaturia, and, indeed, any other symptom of urinary disease; for it seems that every source of irritation at the renal end or the external end of the urinary passage is referred to the bladder, or rather shows itself in the most marked degree in that viscus. In any case, consequently, of supposed stone in the bladder in a child, the penis should be well examined, for in a large number of cases the symptoms of stone will be found to be caused by an adherent or elongated prepuce."

In illustration of this, he relates a case of incontinence of urine; three of difficulty of urination, with occasional retention; two of difficulty and painful micturition, with occasional intermission or stoppage, as from calculus; one of prolapsus recti, with incontinence of urine and hæmaturia, and one of priapism from birth of two years' duration, in all of which circumcision and destruction of the subpreputial adhesions was followed by rapid and lasting recovery.

The Puerperal State as a Cause of Organic Disease of the Heart.

In the *Gazette Médicale* for February 12th, is given a paper, by Dr. Auguste Ollivier, on the above subject. The author had met with seven cases of chronic valvular endocarditis occurring in females, none of which was it possible to assign the existence of disease to any of the known causes of organic affections of the heart. As the result of his inquiries he was led to conclude that the puerperal state beyond all doubt exercises an influence, which is in character variable, on the production of endocarditis. The author alludes to the importance of frequently examining the heart during the periods of pregnancy, parturition, and lactation; as by doing so it may be possible to check the disease, and so prevent the development of those chronic valvular lesions, against which therapeutics are unfortunately so powerless.

Chloral in Cancer.

Mr. Weeden Cooke, surgeon to the Cancer Hospital, London, says in the *Medical Press and Circular*: Long experience of the frequent failures of newly projected remedies in cancer has made me slow to express publicly any opinion respecting the use of hydrate of chloral, but the results obtained in the cases in which I have employed it are so charming, so persistent, that fortified by the published experience of others, I feel bound to add mine in confirmation of the excellent results obtained from the judicious use of this drug; and also a remark or two on the doses which will probably be found most efficient and innocuous.

The cases I have to record are these:—1st. A poor fellow aged about 50, has epithelioma running up the rectum, and spreading itself externally about the anus. He has been in several hospitals. By the employment of opium and conium externally and internally the pain is abated, but his digestion, which is naturally good, is thereby much upset. He was put upon gr. x of hydrate of chloral three times a day, since which he has been more free from pain, and the digestion is now not interfered with.

2d. In a case of advanced cancer of the uterus, attended with much acute suffering, especially in the back, gr. xx of the hydrate of chloral always produces a comfortable night's rest, and no morning sickness.

3d. A bad case of epithelioma of the ear, extending to the scalp, attended with much pain, and the patient is subject to frequent attacks of gout, gr. x of hydrate of chloral given three times a day. By this he is made perfectly comfortable; there is no sickness, he takes his food well, and the gout has sub sided.

4th. A very bad case of epithelioma of cheek, with perforation attended with much pain, and difficulty in taking food, sleeps well with gr. xx chloral, no morning sickness, appetite good.

I was recently called to see a very anæmic lady suffering from—

5th. Sloughing cancer of the right breast, attended with much sickness and severe pain, apparently dying. She has been restored to comfort and appetite by gr. x of chloral with ♏ v of prussic acid, three times a day.

6th. A most painful case of psoriasis of the lips and fauces, the mucous membrane being quite destroyed, leaving a raw surface, a long time under treatment by various surgeons—relieved entirely from pain by gr. x. of chloral three times a day, enabling the patient to take food comfortably, which had not been the case for a long time.

7th. A bad case of cancer of the tongue, great pain and inconvenience in taking food—much relieved, and the facility of taking food greatly increased, by

gr. x of chloral three times a day. Sleeps well since taking the chloral.

8th. Another case of uterine cancer with great pain in back, is made comfortable by gr. x three times a day. Pain in back gone, takes food well, and sleeps well.

In one case of uterine cancer the patient prefers the injection of opium into the rectum, as being more efficient in the relief of pain; and in another case of cancer of the breast, attended with severe bronchitis, there was a complaint of headache, and some delirium at night, but I am inclined to think that the dose had been too large in this case—viz, 30 grains Thus far, as a night draught, I have found 20 grains quite sufficient. But when pain is persistent the gr. x dose, three times a day, gives the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patients taking exercise, and, so far as the disease will permit, pursuing his usual avocation. The method of administration suggested by Mr. Squire, namely—the addition of syrup of tolu and peppermint water is perfectly satisfactory. Trusting that these happy results may not prove fallacious or temporary, I present them hopefully and thankfully.

Cases of Inherited Syphilis and its Effects.

The *Medical Press and Circular* says:

Mr. Pick has had a case of ulcers on the leg in a young girl, nearly encircling the limb, and occupying at least the middle half of their length. These ulcers were covered with greyish sloughs, and had hard, indolent edges, whilst the tibiæ were greatly enlarged. These ulcers had been on the patient eight years. Mr. Pick believed that the disease was due to inherent syphilis. Dr. C. Drysdale mentions the case of a woman aged fifty-three with syphilitic tongue and patches of syphilitic skin disease on limbs, who had had sixteen healthy children. After taking a neighbor's child to dry nurse it about three years ago, her throat became sore, and her own daughter's breast became sore after suckling the nurseling on some occasions. The daughter broke out in sores in about two months. Her daughter's own child became affected, and a second child, born some time afterwards, broke out in eruptions and died at the age of nine months.

Effects of Tobacco-Smoking on Children.

It seems that the habit of smoking has taken possession of the boys in France to such an extent as to elicit serious inquiry as to its results. An able writer describes his experience on the subject, and comes to the following conclusions:—1. The pernicious effects on boys are incontestable. 2. They consist of pallor, chloro-anæmia, palpitations of the heart, diminution of the normal number of red globules, and impaired digestion. 3. The ordinary treatment for anemia, etc., is ineffectual so long as the habit of smoking is persisted in. 4. Boys who are addicted to smoking exhibit a want of intelligence, and have a liking more or less decided for strong drinks. 5. Those who abandon the practice before any serious organic lesions are produced recover their health perfectly.

Burns.

Two new cures for burns are to be added to the long list. The first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the *Gazette Médicale*, and if kept applied for an hour cures it completely. The second case is sulphate of iron. This was tried by M. Joel in the Children's Hospital, Lausanne. In this case, a child four years of age had been extensively burnt, suppuration was abundant and so offensive that the ward was uninhabitable. M. Joel ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odor, and the child was soon convalescent.

The Galvanic Cautery.

An example of this is taken from the *Lancet*.

A male about sixty years of age, was the subject of an epithelial growth, occupying the margin of the left half of the velum palati, the root of the uvula, and encroaching upon the pillars of the fauces.

To remove this, Krohne and Sesemann's apparatus was employed by Mr. Maunder. The platinum wire was carried through the velum on a curved needle, and having been adjusted to the battery, the loop of wire quickly burned through the soft parts included by it, while the patient was quite unconscious of the process. The loop was readjusted, and the tissues on the other side of the tumor were similarly secured. The loop was now replaced by a piece of porcelain with a wire spirally twisted upon it, and this, heated red, destroyed the remnant of the growth attached to the pillars of the fauces. This latter part of the operation caused some amount of pain. Not a drop of blood flowed, and when the operation was completed no pain whatever remained behind.

Infantile Diseases.

Dr. Selby Norton, in a little work on "Infantile Diseases," says there is no excessive mortality between the ages of four and five; whilst, under one year, the number of deaths form a quarter of the whole annual mortality of England. He thinks he has discovered the reason of this mortality, and states that nine-tenths of infantile diseases arise from

improper food, and that *starch*. If starch were rejected from infantile food, all would go well. Alas! like all other theories, this is too simple. What does Dr. Norton say to cold, neglect, poverty of the parents, fevers and accidents. We have some experience of hospital and dispensary practice, and would observe that one word poverty would better sum up all these bad influences. In fact, far too many children are born to be reared, as every human being ought to be, with sedulous care and deepest maternal affection.

Stammering and Stuttering.

Dr. Abbotts Smith says, a large number of cases of stammering and stuttering can be cured; and of the remainder, nearly all may be relieved by the treatment which he indicates. He maintains that no one need be considered as hopeless, except those belonging to the small class dependent on malformation, or deficiency of the organs of speech. He instances, as causes of stammering and stuttering, (1) Too great eagerness in speaking; (2) Speaking with the chest only partially filled with air, which gives rise to sucking in the breath while speaking. (3) Malposition of the tongue; and (4) Speaking too low and indistinctly.

Carcinoma Uteri.

Dr. Wynn Williams, in addition to the treatment by means of bromine caustic, heretofore adverted to by Dr. Routh, uses the following styptic injection for the purpose of arresting bleeding:—Pulv. ferri. perchlor., two drachms, distilled water a pint. M. For an injection to be used three or four times a day. He strongly objects to glass syringes. As to constitutional treatment in cancer, he advises iron, quinine, chlorate of potash, nitro-muriatic acid, nux vomica, and sometimes arsenic. One favorite prescription of his is ten grains of chlorate of potash, thirty drops of tinct. ferr. perch., ten minims of tinct. nucis vomica, in one ounce of water, thrice daily. Dr. Williams injects the strong caustic bromine into the medullary cancer, as Routh does, by means of a syringe similar to that used for subcutaneous injections. One minim drop of bromine is added to five minims of spiritus vini rectificati.

A New Theory on Sleep.

Dr. E. Sommer has contributed to the *Zeitschrift für Rationelle Medicin* for 1869, a paper in which he promulgates the doctrine that sleep is nothing else than the result of a *de-oxygenation* of the organism. According to this theory, the blood and the tissues possess the property of storing up the oxygen inhaled, and then supplying it in proportion to the requirements of the economy. When this store of oxygen is exhausted, or even becomes too small, it no longer suffices to sustain the vital activity of the organs, the brain, nervous system, muscles, &c., and the body falls into that particular state which we call sleep. During the continuance of this deep repose fresh quantities of oxygen are being stored up in the blood, to act as a supply to the awakened vital powers. Rest produces, though in a less degree, the same effect as sleep in reducing the expenditure of oxygen.

Treatment of Eczema.

Dr. Kent Spencer, of Bath, has found black wash useful as an application in eczema rubrum of the legs, mixed with a tenth part by measure of glycerine. Linen rags are soaked in this and laid on the parts and kept *in situ* by a bandage, but no oiled silk used. He renews the dressings twice daily, wetting them with warm water before removal. He has recently almost always been successful in such cases by this plan.

Reviews and Book Notices.

NOTES ON BOOKS.

The *National Medical Journal* published at Washington, by Judd & Detweiler, and edited by Dr. C. C. Cox, appears in its first number for May. It is handsomely printed with a tasteful cover, and contains some well prepared original articles and judicious selections. We suggest to the editor that it would be improved by the addition of a table of contents.

BOOK NOTICES.

Talks to my Patients; Hints on getting well and keeping well. By Mrs. R. B. Gleason, M. D. New York: Wood & Holbrook, 1vo. 8vo. pp. 228, cloth.

So much of the suffering which human nature and more especially woman nature undergoes, is the result of an ignorance of sanitary laws, and simple physiological facts, that we welcome any plain judiciously written work which will aid in disseminating useful information of this kind. Mrs. Gleason's book is of this character, and as it is from the pen of a lady, and a very accomplished one, it is peculiarly adapted to readers of her own sex. The principal topics treated of are menstruation and its disturbances, the nurse's duties in pregnancy and confinement, the care of infants, nervous exhaustion, and the menopause.

The paper and print are good, and the book is enriched by an engraved frontispiece.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JUNE 11, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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THE CAUSES OF CRIME.

An interesting series of observations was made last year, in some of the English workhouses, by the attending physicians. They were with a view to ascertain precisely, in each particular case, what it was that had brought the individual to this last refuge of the depraved, the indigent and the inefficient. The results show a variety of causes, the majority of them preventable. To be sure, constitutional mental debility occupies a somewhat prominent place, but "intemperance" among the men, and "illegitimate children" among the women are much more conspicuous.

Much even of the mental debility which we find in such establishments, and generally among convicts, and the utterly poor, is acquired by a long course of vicious indulgence, in which, undoubtedly, the abuse of alcoholic drink and of sexual (or solitary) indulgence, come in once more for the exciting causes. That the former of these is equally damaging in this country, few will deny; and if any are inclined to do so, we commend to them the prison statistics of the State of New York, which we quote on the highly respectable authority of the Hon. Schuyler Colfax. These statistics set forth that, outside of all other charitable institutions, seventy-two thousand persons are in the poor-houses in that state. In Chenango county over one-half of those brought to want are those reduced by habits of inebriation; in Clinton county, over two-thirds of the paupers trace their downfall to drunkenness; in Columbia county over one-third; in Munroe county over three-quarters; in Oswego county over one-third; in Richmond county over three-quarters; in Rockland county over two-thirds; in Tompkins county 101 out of 144 paupers trace their condition directly to rum, and 12 indirectly; in Wayne county over one-half; in Westchester county over one-third; in Kings county nearly one-third, and in New York city the statistics fail.

Turning to the reports of insane asylums, these two causes are found quite as actively at work as elsewhere in providing inmates. Sexual excess and intemperance each figures largely; masturbation alone averages nearly nine per cent. of all the males; and seduction, disappointed affection, and illegitimate offspring, contribute many to the female wards.

With these facts clearly in view, the philanthropist cannot any longer doubt as to the most profitable field for his labor, or hesitate as to the urgent call on his abilities to hinder

preventable evils as these are. The appetite for strong drink, and ungoverned sexual lust, (with its terrible consequences, prostitution, violation of virtue and marriage, and venereal diseases) are the two curses of our race; and some means of removing, or at least limiting them, should seriously occupy the attention of our profession.

Notes and Comments.

Departures.

Dr. GEORGE H. NAPHEYS, of this city, sailed for Europe on the 31st ult. He intends to visit the principal medical schools and hospitals of the Continent and Great Britain, and will correspond regularly with this journal. Our readers may promise themselves both instruction and entertainment from his pen.

Dr. HARVEY LINDSLEY, of Washington, D. C., also sailed last week. He goes out as delegate from the American to the British Medical Association, and will be absent several months.

Notice.

In reference to an article signed "*North West*," which appeared in our issue of May 7, 1870, we wish to state that we did not intend to imply that Dr. B. HOWARD RAND would knowingly have aided any individual of the character specified in that article in obtaining a diploma. The applicant, otherwise unknown to Dr. Rand, was, as he assures us, vouched for as a regular practitioner of over five years' standing, by a well-known gentleman who is now President of the County Medical Society. It is due to ourselves to say that the article in question was inserted in the shape that it was, through an oversight of the printer, during the absence of the senior editor.

Important Cable News.

The Atlantic cable has burdened itself with the following very important message, which we hasten to lay before our readers!

"Value of Vaccination.

"LONDON, June 3,—Physicians of Paris report that the practical value of vaccination as a preventive of small-pox has been professionally demonstrated by actual observation in that city during the past month."

——The State Medical Society, of New Hampshire, will hold its annual meeting at Concord, on the 22d of this month. This is one of the oldest medical societies in the United States.

Correspondence.

DOMESTIC.

Popular Medical Literature.

EDS. MED. & SURG. REPORTER:

Some recent remarks of your own in regard to "Popular Medical Literature," not comporting fully with my own views of the subject, I respectfully submit the accompanying items for your consideration; which, though not "exhausting the subject," yet convey the outlines of the principle, which to my mind forms the substructure of the whole matter.

I may say as a prelude to the further notice of the theme, that I don't like *my own* method of instructing the public in medical matters, *nor do I like the plan of anybody else.* I think it essential to the best interests of the human family, that each of them should know enough of hygiene to eschew gluttony, inebriety, sluggishness, excessive venery, the contagion of small-pox, etc.; and, indeed, the major part of mankind have this knowledge, either through observation or intuition, to a sufficient extent to meet all requirements, but do they practice it?

The question is—would the general diffusion of medical knowledge among the masses, benefit them mentally, morally, or physically, more than would a proportionate amount of *general intelligence?* Let us take a single element in civilized society to elucidate this inquiry,—I mean physicians. Any rule that will hold good in regard to them as a *class*, will be found applicable to the whole population, placed under similar or identical circumstances.

Do physicians, as a result of a thorough knowledge of the principles of hygiene, physiology, anatomy, chemistry and therapeutics, avoid the extremes and irregularities of life, with more certainty, and better results, than persons who possess no knowledge of either? Do they place more confidence in the virtues of therapeutics when sick,—bear the anguish of mental or physical suffering with a "less perturbed spirit," or recover sooner than persons of other avocations? Have they superior powers in resisting the inroads of disease,—a longer lease of life, and do remedies act with more certainty, and better results, than in persons who don't possess such knowledge? The answer to each of these questions must be absolutely negative.

It may be said in defence, that the toils and privations incident to the practice of medicine, render these extremes unavoidable in physicians; and that the benefits and evils of a professional knowledge are here neutralized; but this argument may be easily refuted by applying the same rule to those

who have received a medical education, but are not practitioners.

I am of the opinion that the application of therapeutics, through the instrumentality of the scientific physician, is the only way in which the science and art of medicine, can in any marked degree, benefit the people.

I regard this idea of making "every man his own physician," as a most transparent absurdity; and that if it is to be fostered by the leading medical journals, and the most influential members of the profession, they are surely abetting the surest means by which to render the noble calling of practical medicine, paralytic and impotent.

Any person observing the tone of the works on "popular medical literature," which are now being scattered broadcast over the country—some of the more recent of them claiming to emanate from the pens of gentlemen "high in the ranks of the regular profession,"—will say that they do not confine themselves to an effort to inculcate *facts* in regard to the "formation and functions of their own bodies," and the "efficiency of therapeutics," but "tell what to do, and how to do it in every emergency!"

It may be said in reply that these publications are a "step in the right direction," and that future works in this field will be rendered distasteful by the omisssion of the *practical* feature; but that much, commendable as it would be, if we are compelled to submit to them longer, would remedy the matter very little; as it is a notorious fact that all those possessed of *one medical idea, and many with none at all*, almost invariably turn practitioners! They are not content to await the slow and uncertain good, which it is claimed is to flow from the possession of the knowledge as applied to the correction of their own irregular habits of life,—or to the more proper appreciation of the virtues which might belong to a prescription, left for them by a regular physician, when they fall sick; *they will put their knowledge (?) to a more tangible use!*

The metaphor of the "ship in the storm," is certainly very appropriately put, but to be a little more on the "fast" or "young physic"-order with *our* simile, what would we think of the wisdom of the driver of the *railroad locomotive* who should insist on his passengers taking lessons in engineering, that thereby *his skill should be made more efficient*,—and, consequently, catastrophe less common?

Is it essential that all mankind should study weaving because garments are necessary to our welfare? Or, all persons learn agriculture because bread is indispensable? I conceive that there is but one way in which to enable the people to distinguish between charlatanism and scientific attainment, and that is to exalt them mentally in a *general* sense, as without that as *preliminary*, no reasonable amount of *specific* education can be of much avail.

I am well aware that ninety-nine of every hundred in making choice of two men, one of whom says: "I will do my utmost to cure you," and the other "*I can and will cure you*," will choose the latter, when if they were possessed of *common sense* and exercised ordinary discretion, they would see that the assertion was in its *very nature* in all probability an untruth, and its utterer unworthy of consideration.

If we earnestly desire the advance of medical science, and greater efficiency in practice, we must cultivate it more thoroughly in our own members, and thereby make ourselves more worthy public support and confidence. I verily believe that nine-tenths of our hive are drones, and unworthy a place in the profession. Let the conscientious among us *do our duty*, and it matters not whether the people know sugar from arsenic, or the os-coccyx from the pericranium.

NOTE.—The reader will please see MEDICAL & SURGICAL REPORTER for April 2, 1870,—latter half column 1, p. 286.

J. P. CHESNEY, M. D.
New-Market, Platte co., Mo.

[Our correspondent who thus accepts the difficult position in this day and country of coming forward as the champion of ignorance, is reminded in what he says of the expectation of life in physicians, of that beautiful passage in Hufeland's *Art of Prolonging Life:*

"Physicians who so abundantly dispense to others the means of health and life, ought to claim here (in longevity) a distinguished place. But unfortunately this is not the case. It may be said of them in general: *Aliis inserviendo consumentur; aliis medendo mariuntur.* They have the least opportunity for observing those prudential rules and precautions for preserving health, which they lay down to others, and there are few employments in which the powers both of body and mind are exposed to so much consumption as in this."

Nevertheless, it is found that those of the profession who survive the first ten years of practice, have a better chance of life than any other profession or trade, the clergy excepted.

The general position of our correspondent that ignorance of the facts of science, especially of the laws of health, is ever anywhere, to any degree beneficial, is so extraordinary, and so contrary to the whole spirit of our age, that we fear he will find few to support him. As for popular books on physiology, hygiene, sanitary science, and the relief to be afforded in sudden accidents, and emergencies, (drowning, hemorrhage, fainting, poisoning, injuries, etc.,) if they are only written by able, regular practitioners, and not left to be compiled by ignoramuses, those who disapprove of them, attempt to negative the greatest good which medicine does to humanity, that is, to *prevent* (not cure) suffering. EDS.]

Tracheotomy—Recovery in Five Days.

EDS. MED. & SURG. REPORTER:

I deem it a duty, devolving upon every member of the profession, to keep a record of every import-

ant case, medical or surgical, falling under his observation, and transmit occasionally to some journal for publication, where they will be accessible for statistical and other purposes. I enclose brief notes of a case, now under treatment, and shall, at another time, send notes of some other cases that have fallen under my observation.

George C. Cromer, aged 15 months. While playing with some grains of corn, on the afternoon of the 13th of May, allowed a grain to slip into the air passages. The mother inverted the child, and gave it several smart blows; but not being successful in effecting riddance, Dr. Hobson was sent for. When the Doctor arrived, the child was playing around as though nothing had happened. The Doctor left some "croup medicine," and retired. The child had a number of distressing coughing spells during the night. The difficulty in respiration increased rapidly in the morning, and the Doctor was again called in. He told the family that nothing could be done for the little sufferer, except by surgical interference, but did not recommend the operation.

I was called to see the child twenty-four hours after the accident. The dificulty of breathing was distressing to witness. Upon examination I found the grain of corn at the entrance of right bronchia. I recommended an operation, and asked for assistance. Dr. WASHBURN, of Hillsboro was called; Dr. W. thought the operation was useless, as the child appeared so near dissolution. I felt that an operation was justifiable even in case death followed, as it was evident this afforded the only means of saving life. We left, reluctantly, our little sufferer struggling for life. The child was still surviving the following morning, and I again had Dr. W. sent for. Dr. W. and myself, kindly assisted by Dr. NICOLAY performed the operation of tracheotomy, just twenty-four hours after the accident. The child bore the operation remarkably well. (The operation was performed in the usual manner.) The patient was discharged to-day, nearly as well as before the operation. THOMAS J. WHITTEN, M. D.

Irving, Ills, May 20th.

Poisoning by Poke Root.

EDS. MED. AND SURG. REPORTER:

On the night of April the 17th, I was called in great haste to see a couple of children who had been taken sick very suddenly a few hours previously. On my arrival I found my patients—two girls, aged respectively, one 5 and the other 3 years—in the following condition: Pulse, very rapid, soft and irregular, at times scarcely perceptible; pupils largely dilated, yet active under the influence of a strong light; respiration extremely slow and shallow; cutaneous surface moist, moderately cool and of a bluish tinge. Tongue slightly covered with a brownish fur, through which the papillæ projected, looking very red. Fauces seemingly moist, but extreme thirst prevailed; vomiting and purging frequent and copious, both being occasionally mixed with a bloody froth. The nervous system was considerably disturbed; considerable stupor and tendency to sleep, but could easily be aroused; would recognise their parents, take a drink of water, vomit it up, and immediately drop off to sleep again, to awake crying for water which if given them was immediately rejected. Little or no tenderness in the epigastrium on pressure.

The parents stated that they had been in this condition for about three hours previous to my arrival, that they were both taken very suddenly while at the supper table. You will observe that I have made no mark of distinction in the symptoms of my two patients; they were exactly similar, except that in the older one the purging was more excessive, and the prostration consequently greater. The difficulty with me in this case, was to form a proper diagnosis. In order to get a clue to this, I interrogated the parents very closely, in regard to what had been given them and what they had eaten. But from them I elicited nothing satisfactory, except that late in the evening they had been playing with May-apple stalks, and had some cut up into small bits. At this I grasped like a drowning man at a straw, and came to the conclusion that my patients were poisoned with May-apple root. (A mistake, however.) My treatment was nothing like specific for May-apple poisoning, but I prescribed as best I could to meet the present indications, and I did not vary the treatment in the two cases except in quantity.

I give the treatment as follows: to quiet the vomiting and distress of the stomach, I gave calomel and morphia; as a stimulant gave (in the absence of whiskey and brandy) tinct. valerian and carb. ammonia. Bathed the feet and legs in warm water, applied mustard to the epigastrium, and as a drink gave iced mucilage of elm bark. Continued this treatment for one hour, apparently without relief, but thinking that I had no better remedies at hand, (as I practice in the country), I resolved to try it awhile longer. Increasing the amount of ammonia I waited half an hour, when I noticed an improvement in the pulse and respiration. In one hour more my patients were so much better that I thought I might safely leave them for the time. I left them a few powders each, containing quinine, tannin, and morphia, with directions to continue the elm mucilage in place of water as a drink, and if they did not get any better, to let me know early next morning. No one came however the next morning, but a few days afterward they reported to me that the children were doing perfectly well, and instead of it being May-apple, as we had supposed, it was poke or poke root which they had taken, as they subsequently confessed. JAMES J. HALE, M. D.

West Saratoga, Ill.

Tape Worm.

EDS. MED. AND SURG. REPORTER:

I wish to call the attention of the profession to the efficacy of Oil of Male Fern, combined with Kousso, in the treatment for tape worm.

On the 7th of May, 1870, a gentleman presented himself for treatment for a tape worm, that had been troubling him for seven years, during which time he had been passing portions of it at stool every week. His health was not notably affected excepting during the summer months.

Had been treated by various physicians but without success. Had taken Olei Terebinthinæ f.℥ij, which brought away six feet of the worm, but did not relieve him. Had taken cowhage, pumpkin seed, and pumica granatum without deriving any benefit from the treatment.

On the evening of May 7th, I prescribed

℞. Pulv. jalapæ comp., gr.xv.
Pulv. rhei., gr.xij. M.
Sig. Take at 8 p. m.

Was ordered not to eat any thing the next day;

May 8th, 1 o'clock, p. m., the medicine had operated freely. Was ordered to take oil of male fern, f.℥j, to be followed in one hour by kousso, ℥j, in infusion, to be taken at two draughts; 7 p. m., was ordered

℞. Pulv. jalapæ comp., gr. xx.
Pulv. gambogiæ, gr. ij.
Olei. ricini, f.℥ij. M.

The above formula operated freely and brought away forty feet of tape-worm, including the head.

The 9th of May, patient was walking around and free from all unpleasant symptoms. Has had no symptoms of tape worm since.

W. S. BAKER, M. D.

Burnside, Hancock county, Ill.

Cephalalgia.

EDS. MED. & SURG. REPORTER:

This widely diffused constituent of human suffering, is occasioned by a great number and diversity of derangements of the animal economy.

The causes however, of chronic cephalalgia, are less numerous than those which occasion transient cases. My observation has led me to believe that anæmia is the principal cause of a majority of all the chronic cases of this distressing affliction.

Of many such cases which I have treated successfully I will state four.

CASE 1. Mrs. Margaret Boden had suffered from very frequent and severe attacks of cephalalgia which had commenced during a typhoid fever, which had occurred more than six years prior to my prescribing for her. She had submitted to the shaving of her head, in order that a succession of epispastics might be applied to the scalp; to the formation of a seton in the posterior part of her neck, etc.; but with only slight and transient relief, because anæmia which produced her agonies, concealed indeed by the flaccidness and rotundity of her countenance, was allowed to remain. I prescribed both for her and for Case 2,

℞. Ferri sub-carb., ℥j.
Pulv. columbæ,
Pulv. zingiberi aa. ℥iv
Pulv. rhei, ℥ij. M.

Mix in one box. Dose, one quarter tablespoonful three times a day in molasses and water.

By means of this mixture, she was completely and permanently cured in three weeks.

CASE 2. Miss S. B. had every two weeks during eight years, suffered one, two, or three attacks of violent cephalalgia. From some of the remedies which she employed, she obtained transient relief; but none whatever from many others. By means of the previously mentioned combination, she was entirely and permanently cured in two weeks.

CASE 3. Mr. Wm. P. Sinclair had suffered during about fourteen years from frequent and violent attacks of cephalalgia; and had on this account been compelled permanently to abandon attendance at school. The various remedial agents which he had employed, had afforded him only transient relief. I prescribed for him:

℞. Ferri redacti, ℥ij.
Ext. gentian., ℥j.
Ol tiglii., gtt. ij. M.
Ft. pil lx.
Dose—one pill 3 times a day.

Within three weeks he was completely and permanently cured.

CASE 4. A friend of Mr. Sinclair, a butcher, had been compelled to abandon that business, by violent attacks of cephalalgia and rushes of blood to his head throughout twenty years. He was afraid of apoplexy. He also used the same formula which Mr. S. had used, which in three weeks cured him entirely and permanently both of the cephalalgia and of the cerebral congestion.

THOMAS BURROWS, M. D.

Baltimore, Md., May 16, 1870.

Administration of Brandy Before Chloroform.

EDITORS MED. AND SURG. REP:

I have to communicate the result of giving two or three ounces of brandy and water previous to administering chloroform to a soldier in this hospital, who fell off the roof in trying to extinguish a fire, and produced a compound comminuted fracture of the lower third of the thigh.

I noted very carefully the character of respiration, pulse, and heart's action, before giving the brandy and water, which was very feeble, as the shock from the effects of the fall was very severe, and of course left a good deal of prostration. The brandy and water was administered some fifteen or twenty minutes before administering the chloroform. While

under the influence of chloroform the heart was not depressed in its action at all; neither did he complain of headache or sick stomach, although much time lapsed before the fracture was properly reduced. I feel satisfied that if the chloroform had been administered, without the previous use of the brandy, he would have suffered from prostration twenty-four or forty-eight hours.

In all cases of surgical operations I would agree with Dr. STONE, of New Orleans, La.: Give a little brandy and water some fifteen or twenty minutes before administering chloroform, as a matter of safety in keeping up the heart's action.

Very respectfully your obedient servant,

JAMES SHAW,

Omaha, Neb. A. A. Surgeon, U. S. A.

Peculiar Case of Phthisis Pulmonalis.

EDS. MED. AND SURG. REPORTER:

Having had a very peculiar case of Phthisis recently, I was induced to report it for the benefit of your readers. Mr. T., aged fifty-four, came to me about the middle of March, complaining of having a bad cold. His cough came on rather suddenly, consequently I thought that through exposure he had contracted an ordinary cold. I prescribed for him the following cough mixture:

℞.	Syr. scillæ.	℥ss.
	Vin. ipecac,	f.℥ij.
	Morph. acet.,	gr.j.
	Aquæ destil.,	℥iijss.
	Ess. gaultheriæ,	q.s. M.

directing him to take a teaspoonful of the mixture three or four times per day. After taking the cough mixture, his cough continued unabated. The patient seemed to grow weaker rapidly, having profuse colliquative sweats. He expectorated freely, but principally mucus. He complained of pain in his right side, in the region of the liver. His tongue was furred, indicating some hepatic trouble. I gave him two small powders of hydrarg. chlor. mit., which acted favorably, causing his general health to improve so that he was able to walk about the city again. I felt encouraged, thinking my patient was going to recover; but it proved to be one of those deceitful indications physicians often meet with. He came to my office again, saying that his cough was no better, and the night sweating increased. I gave him some powders of sulphate of iron with sulph. quinia to check the profuse perspiration, but with partial success.

May 9th, while having a spell of hard coughing, an abscess broke, matter came up so profusely as to threaten strangulation. The substance expectorated had an extremely disagreeable odor, accompanied with a fluid tinged with bile. This led me to suppose that the abscess was in the liver, opening into the bronchial tubes, producing what is called hepatic phthisis. May 10, 11, and 12, the patient seemed prostrated, coughing but very little—perspiration very moderate.

The patient has had several attacks of pleuro-pneumonia, which often produce adhesions, rendering it possible for a hepatic abscess to break into the bronchial tubes without entering the cavity of the chest.

May 13th. Dr. Vanderveer saw the patient with me, and after a close examination fully concurred with me in my diagnosis. There was no dullness in percussion, excepting a little above the liver. Respiratory murmur rather indistinct; pulse, 84. The patient was continuing the quinia with moderate stimulus—nitro-muriatic acid with 1-32 gr. strychnia.

May 14th. Pulse down to 80, colliquative sweats have almost ceased.

May 16th. Pulse, 68; patient weak, tongue not much furred, sleeps well, little appetite, rather dull.

May 17th. Patient worse; pulse, 112; pain in the lower portion of the right lung; perspiration so profuse as to wet the pillow. Saw the patient in the afternoon, found him no better; pulse the same as forenoon; perspiration continues.

May 18th. Messenger came for me, 5 o'clock A. M., saying that the patient was suffering much from a pain in the right side; prescribed an anodyne. About 8, A. M., I was sent for; I found the patient moribund, pulse quick and tremulous, hands cold, feet a little warm. When I left, the patient was sinking rapidly; expected to see him again, but he died near 11 o'clock, A. M.

At 10 o'clock, A. M., May 19th, Dr. Vanderveer held a post-mortem—Drs. McNaughton, Newcomb, Morgan, and myself, being present. The liver, strange to say, we found normal, but the gall bladder was much enlarged. The mouth of the ductus was stopped with a large calculus which impeded the flow of bile. The calculcus was large and almost transparent—composed, perhaps, of adipocere-cholesterine. A large abscess was found in the lower portion of the right lung. Throughout the lungs there were deposits of tubercles. The other organs were comparatively in a healthy state.

The peculiarities of this case were: the patient had pretty good health until about two months before his death, with the exception of a fistula in ano, which troubled him but little. He suffered no pain till a few days before his death. At times his cough and colliquative sweats would leave him for days. The absorption of the retained bile may have caused the yellow substance that followed the expectoration, as a quantity of highly-colored serum was found in the cavity of the chest.

O. C. ALEXANDER, M. D.

Albany, New York.

Non-Consecutive Bubo, or Bubon d'Emblee.

EDS. MED. AND SURG. REPORTER:

The existence of this rare affection is doubted by some, emphatically denied by others, and admitted by a few. It is not singular that this diversity of opinion should exist when we consider the rareness of the disease, the uncertainty attending it, and the liability of the occurrence of sympathetic bubo. It is denied on the grounds that the resulting ulcer has not the characteristic appearance, is not inoculable, and is at variance with our present knowledge. In two instances this peculiar phenomenon, as discribed by Diday, has fallen under my observation, and except upon the assumption of that author, that the virus had been absorbed without causing the antecedent ulcer, I could in no way account for them. I was the more willing to adopt this view as I have observed that the sebaceous follicles of Tyson are opened widely after coitus and soon after close, thereby favoring the imprisonment and subsequent absorbsion of the specific virus without giving rise to any noticeable local lesion. In the first case I examined, with the utmost minuteness, the prepuse, glans and urethra without detecting the slightest trace of an existing or pre-existing sore. No scratch, bruise, or adjacent inflammation was apparent. The patient had never been affected with lues or gonorrhœa, but confessed to having had a suspicious connection about two weeks prior to the time he first came under my observation. The bubo suppurated, and was slow in healing.

The second case was a private belonging to the 4th cavalry. He asseverated with the most positive earnestness that he had had no primary sore, nor did the most rigid scrutiny detect the slightest trace of one. As in the other case, I examined for neighboring inflammation; but found none. The ointment of iodine was applied night and morning, and the swelling appeared to subside during the ensuing two or three days, but then enlarged and suppurated. The ulcer presented an appearance between that of a specific and a sympathetic bubo. It was treated with depurating injections and citrine ointment, and was slow in healing.

U. S. Army. P.

Poisoning by Coal Oil.

EDS. MED. AND SURG. REPORTER:

George D., aged twenty months, drank, on the 14th inst., a half ounce of coal oil. I saw him an half hour afterwards—his mother in the mean time having given him sweet cream to drink. He was considerably depressed, as if constitutionally poisoned. I administered ipecac (the only thing I had at hand), which quickly vomited him freely, bringing up oil. Eight hours afterwards reaction came up, with high fever, urgent thirst, etc., which I treated on general principles. The discharges from the bowels were catarrhal, green and very offensive. His mother, an intelligent lady, assured me that his bowels were in a healthy condition before drinking the coal oil. He made a good recovery in four or five days. I report this case, wishing to be informed, either by you, or one of your many readers, if coal oil is a constitutional poison. I presume the secondary effects were from its local irritating character, as the tongue, fauces and palate were red and angry.

N. UDELL, M. D.

Centreville, Iowa, May 30.

A Nail in the Air Passages—Discharged by Coughing.

EDS. MED. & SURG. REPORTER:

The following case occurred in my practice, and I can produce vouchers for its truth. About the middle of May, 1869, I was called out on the prairie six miles, to see a child, two years old, that had a nail in her throat, but before I could see her they claimed she had swallowed it. During the year I examined the child a number of times. It would always point to about the middle of the left lung, and say, the nail was there. I could always detect a good deal of wheezing and rattling, both in inspiration and expiration. She grew thin, and coughed a good deal, both night and day.

On Saturday, May 14th, 1870, after quite a coughing fit, she said, "The nail is coming up;" and did cough up what is called a four-penny nail, covered with rust, and enlarged, I should think, to twice the natural size. The child is now almost well, eats heartily, with scarcely any cough.

M. J. POWER, M. D.

Parkesburg, Iowa, May 30.

NEWS AND MISCELLANY.

Chinese Therapeutics.

The Chinese divide medicinal substances into heating, cooling, refreshing and temperate. Their Materia Medica is contained in the work called the *pen-taoscang-mou*, in 52 large volumes, with an atlas of plates. Most of our medicines are known to them and prescribed, also mineral waters, with which the country abounds. They also have animal magnetisers called *Congfou*.

They divide their prescriptions into seven categories, viz.:—1st, the Great Prescription; 2d, the Little Prescription; 3d, the Slow prescription; 4th, Prompt, or Through-by-daylight Prescription; 5th, the Old Prescription, for fools, madmen, hypochondriacs, and the hysterical; 6th, the Even Prescription, for the wise and good; 7th, the Double Prescription, for those in the family way.

Each of these recipes is applied to particular cases, and the ingredients that compose them are weighed out with the most scrupulous accuracy.

The physician never pays a second visit unless sent for, and sometimes his services are no longer needed.

——The death of Theodore Clay, a son of Hon. Henry Clay, who for fifty years has been an inmate of the Lexington, Ky., Lunatic Asylum, is announced in a Louisville dispatch.

——The subscribers to the fund for raising a statue to the Italian anatomist Panizza, of Pavia, have determined that it shall be of marble.

——Prof. Andral finds that the temperature of new-born children is lower than that of adults only during the first half-hour after birth.

——A colossal statue of the illustrious anatomist Morgagni is to be solemnly inaugurated at Forli, on the centenary of his death, December 7th, 1871. The statue has been modeled by the sculptor Salvini.

——The chair of Physiology in the University of Prague, vacant by the death of the celebrated Purkinje, has been filled by the appointment of Dr. Hering of Vienna. It was offered to Prof. Helmholtz, who, however, preferred to remain at Heidelberg.

QUERIES AND REPLIES.

Spermatorrhœa.

EDITORS REPORTER: I notice in my last REPORTER, No. 21, a Query from A. O. A., with respect to a case of Spermatorrhœa, of an old bachelor. From his statement, I treated successfully just such a case about six months since. This patient had been treated by several physicians of the various schools, to no purpose, as he said. I questioned him carefully, and found the great trouble in the mind. I spoke of the bromides; he remarked that he had used a pound of bromide of potassium. By the way, I have noticed that bromide of potassium is *enervating*, while bromide of ammonium is *innervating*, as well as an excellent calmative on the cerebro-spinal system.

I gave him 1 drachm bromide ammonium, dissolved in 4 ounces of peppermint water; tablespoonful twice a day, two hours before eating, to prevent the forming of bromide of starch, which is inert—as a large quantity of our ingesta is more or less composed of amylaceous matter. I also gave him pills composed of:

℞. Strychniæ, gr. ij.
Ext. hyoscyami, ʒj. M.
Make fifty pills. One pill before each meal.

This treatment was rapidly successful.

Indianola, Iowa. C. W. DAVIS, M. D.

Another.

A. O. A.—SIR: For your case of spermatorrhœa referred to in REPORTER of 21st inst., I would suggest a course of *moral treatment*, regularity of sleep, exercise, study and other habits; diet to consist of vegetables and milk, avoiding meats, coffee, tea, and highly seasoned condiments, especially at supper. Sleep in well ventilated room, and cover lightly.

Prescribe the following as a course of medicine, viz:

℞. Pot. bromidi, ʒiv.
Aquæ camphoræ, f.ʒiv. M.
Sig.—Teaspoonful before each meal, and one on going to bed. *Shower bath next morning.* Regulate action of digestive organs with appropriate remedies.

If urethral discharge indicates presence of an ulcer within, then use the following:

℞. Bismuthi subnit., gr. xvj.
Zinci sulphat., gr. iv.
Vini opii, gtt. xx.
Syrup. acaciæ (thin), f.ʒiv. M.
Sig.—Use as an injection every morning, and if too painful, dilute.

Advise him to *marry* and fulfil the duty he owes to his *God* and *country*, and tell him he *will recover*.

F. M. O'D.

MARRIED.

BAKER—CURRY.—In this city, on the 2d inst., at the residence of the bride's parents, by Rev. Bishop Simpson, assisted by Rev. R. J. Carson, J. W. Baker, M. D., and Eliza, daughter of William Curry, Esq.

BOYER—CORWIN.—June 1st, at the residence of the bride's father, by the Rev. C. C. Lord, Dr. Samuel P. Boyer, of Reading, Pa., and Maria K., youngest daughter of Hon. Nathan Corwin, of Riverhead, Long Island, New York.

FANDERS—GOODWIN.—In Tunbridge, Vt., May 5th, by Rev. O. S. Morris, George F. Fanders, M. D., and Mary E. Goodwin, both of Tunbridge.

HAY—LISCOMB.—At Beaver Falls, Pa., May 19th, at the residence of the bride's father, by the Rev. W. H. Locke, Mr. Samuel W. Hay, of Pittsburgh, and Miss Sallie A. Liscomb, daughter of Dr. P. D. Liscomb, formerly of Pittsburgh.

JONES—MCEWEN.—May 12th, Mr. Isaac Jones, of Phœnixville, Pa., and Miss R. Cordia, daughter of Dr. W. H. McEwen, of Norristown, Pa.

LEAVITT—NOBLE.—At Germantown, June 2d, by Rev. T. K. Murphy, T. L. Leavitt, M. D., and Mary E. Noble, daughter of the late F. R. Backus, Esq.

SIMPSON—GROVESTEEN.—At the Reformed Church, Schraalenberg, N. J., May 25th, by Rev. W. R. Gordon, D. D., J. M. Simpson, M. D., and Miss Kate A. Grovesteen.

DIED.

MARVIN.—In Brooklyn, on Sunday, May 29th, Agnes, wife of Dr. George Marvin, in the 67th year of her age.

WALTON.—In New York, May 28th, of pneumonia, Henry C. Walton, M. D., aged 59 years.

METEOROLOGY.

MAY.	23,	24,	25,	26,	27,	28,	29.
Wind.....	S. W.	S. W.	S.	N. E.	N. E.	N. E.	N. E.
Weather.	Cl'dy	Cl'dy Sho'r	Clear	Clear	Cl'dy Rain.	Cl'dy Rain.	Cl'dy Rain.
DepthRain		1-10					9-10
Thermom....							
Minimum..	52°	56°	63°	43°	52°	49°	51°
At 8, A M.	64	65	71	62	56	55	57
At 12, M...	64	74	78	71	59	58	60
At 3, P. M.	65	75	79	70	59	60	59
Mean.....	61.25	77.50	72.75	61.50	56.50	55.50	56.75
Barometer..							
At 12, M...	30.1	30.	30.	30.	29.9	29.9	30.1

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A TUMOR OF THE NECK, (PROBABLY MALIGNANT), TREATED BY INJECTION OF CHROMIC ACID.

By Daniel Leasure, M. D.,

Of Allegheny City, Pa., late of New Castle, Pa.

In reporting the following case, I am not proposing a "new plan of the treatment of cancer," nor setting up a theory in regard to the nature of that class of diseases under which, in one or other of its "divisions subdivided," the case evidently must be ranged.

About the first of June, 1869, Mrs. D., a farmer's wife, æt. 32, mother of four children, applied to me at New Castle, relative to a tumor on the right side of her neck.

Her health was very good, and the tumor gave no pain, but she was, to use her own words, uneasy about it. She stated that some eight months previous to her visit to me, she observed a small lump under her right ear, near the angle of the lower jaw. She described it as seeming to be *in the skin*, or immediately under it. It was very moveable, and could be pushed forward upon the cheek, and backward to the posterior portion of the side of the neck, and gave no pain, even with rude manipulation. It grew slowly, and becoming alarmed about it, she showed it to the family physician, who very prudently advised her to "let it alone, as long as it let her alone;" but it did not let her alone. It grew in volume, was less moveable, but still painless; when she showed it to another practitioner, who put her upon the use of iodide of potass., internally, and applied Lugol's stronger solution to the surface of the tumor. This course was pursued during three months, without any perceptible change, except that the growth steadily progressed, until at the time of her visit to me, it was about the size and shape of a hulled black walnut, and was becoming less moveable.

I examined it very carefully externally, as to its size, form, and relation to subjacent parts, and found that it had not formed any appreciable attachments to the neighboring organs. On exploring the interior with a grooved needle, I found the substance equally resistant in all its parts. And on examining the contents of the needle-groove under the microscope, numerous caudated and irregular cells were found similar to those I had frequently observed obtained from tumors that afterwards proved malignant. This, in connection with the history of the case, and one fatal case of malignant disease having already existed in her family, led me to form the opinion that it was, most probably, one of those so common forms of subcutaneous or epethelial tumors, insidious and apparently innocent, until, when active interference is sought, have passed beyond the domain of conservative treatment. I informed the lady that her best, and thought her only resource, was to have the tumor completely removed by the knife; and she went home, having decided to return in two weeks and submit to an operation.

For some reason, she did not return at the time specified, and I supposed that she was doing as most women do under similar circumstances—visiting all the doctors within reach, to fall at last, through the aid of some celebrated "cancer curer," into the hands of the undertaker. But it seems that, while bracing herself up to undergo the operation, July, with its harvest cares upon her, and being "cumbered with much serving" during that busy season, she deferred coming till September, when, accompanied by her husband, she came prepared to submit to an operation.

On examining the tumor, I found it fifty per

cent. larger than at my last examination, and she complained of sharp, lancinating pains in it, but no throbbing, such as would indicate incipient suppuration. It was harder than formerly, and scarcely moveable at all, seeming to have insinuated itself amongst and underneath the muscles of the neck, involving even the deeper seated parts. On introducing the exploring needle, I found the same kind of resistance, and the same sensation of grittiness that I have always observed in thrusting needles, or other sharp instruments, into the schirrous portions of mammary glands, after I had removed them; and the portion of the tissue withdrawn in the groove of the neeedle, presented under the microscope the same cellular characteristics as on the former examination. But even then, I could not determine to my own satisfaction, the precise character of the growth; whether it was malignant, aboriginal, or one of those so-called "non-malignant" tumors, that, nevertheless take on all the characteristics of malignancy, and destroy the patient's life as remorselessly as though there was "nothing in a name."

All things considered, I thought it unwise to attempt to remove it with the knife; believing that it was then too late, and was not disposed to bring discredit upon such operations by attempting an unpromising case. During the preceding two years, I had declined to operate on three cases of tumors of the neck, nearly similar, and the patients had submitted to operations elsewhere without any other result than an earlier fatal termination than would have followed non-interference. The patient expressed a desire to "try something," and said, that inasmuch as death was inevitable, at all events, she would willingly submit to any experiment I might choose to make, but she would never, under any circumstances, place herself in the hands of a "cancer doctor."

After carefully considering the case, I told her that I would make an experiment that I hoped might destroy her tumor, but if it failed it might add to her sufferings and hasten her death. She decided to take the risk. Still fearing to take so great a responsibility as a hitherto untried experiment entailed, at the suggestion of my friends Drs. J. H. M. Peebles and J. B. Reinholdt, of New Castle, Pa., I gave a trial to acetic acid, and taking a hypodermic syringe, I injected into the tumor at four points fifty drops of acetic acid, diluted to half strength, and told her to return in two weeks.

At the end of that time, she returned with her neoplasm in *statu quo*. She said that it grew red and swollen, and gave her pain during 48 hours, and then "got well"—after the operation meaning that it returned to its former condition after the operation. Meantime I had reviewed my experience with chromic acid in its operation on syphilitic warts and other excrescences possessed of low vitality, combined with rapid growth, and, assisted by Dr. Reinholdt, made some further experiments with it on diseased and healthy surfaces, and was led to the conclusion that if introduced at several points into the central parts of one of those low and imperfect forms of organization, possessed of great powers of growth, with an equal tendency to disintegration after reaching a certain stage of development, such as we meet with in nearly all forms of malignant tumors, it would anticipate the natural disintegration by setting up, by artificial means, death of tissue in the central parts of the neoplasm, and produce eccentric destruction of the unnatural growth without destroying to any considerable extent the surrounding healthy tissues.

On the 17th day of September, with a hypodermic syringe containing sixty drops of a solution of chromic acid, one hundred grains to the ounce of water, I injected the tumor at four points, without entirely withdrawing the needle trocar; but withdrew it, after each discharge of a portion of the solution, nearly into the subcutaneous cellular tissue, and, changing the direction, thrust it into a distant part of the hard substance composing the body of the tumor, and propelled into it a portion of the solution, till the whole sixty drops were deposited within its periphery. I found it necessary to withdraw the needle trocar a little each time, after thrusting it into a new position, before I could expel any portion of the contents of the syringe, so dense and unyielding was the substance composing the lump. While making the several explorations with the grooved needle, and during the operations with the needle trocar, I ascertained that the lateral diameter of the hard body of the tumor was an inch-and-a-half, and its longitudinal or perpendicular diameter, two-and-a-half inches. The patient did not experience any pain from the operation, except a sense of

burning at the point where the little trocar passed through the skin, where, perhaps, some of the caustic solution may have come in contact with the healthy tissues. On the day following, there being no signs of serious irritation, I repeated the same operation, and after waiting two days more, repeated it again; having thus, in three sittings, deposited the solution, amounting to one hundred and eighty (180) drops, in twelve separate points within the periphery of the tumor, carefully avoiding, each time, the deposit of any of the solution in the surrounding healthy tissues. On the day following, she experienced some pain, of a dull, throbbing character, and there was some redness and tumefaction over and around the tumor. I now permitted her to return home, and, as I had no guide from past experience as to the amount of pain and inflammation to be anticipated from the operation, she was ordered to take opiates for pain, and apply hot poultices for inflammation.

On the 30th of September, (two weeks afterward), she returned. She had not suffered sufficient pain to need the opiate, and a few hot poultices had reduced the tumefaction; and now I could, upon careful examination, detect slight fluctuation in the body of the tumor. The injections were repeated, taking care to deposit the solution at those portions of the lump which seemed most firm; and on passing the needle trocar into the centre, the non-resistance at that point gave evidence of softening of tissue; and I also injected a portion of the solution into the softened central part, and permitted the patient to return home. I was "making haste slowly," watching results as well as possible.

On the 17th of October, she returned, and I found the central part of the tumor quite soft, with distinct fluctuation. She had suffered some pain during the ride home, (thirty miles), and the night of her return after the last operation, but a few hot poultices relieved it, since which she suffered no pain. I did not thrust a bistoury into the fluctuating part, as I was tempted to do at first sight, but waited to see what disposition nature would make of it. There was still a hard crust around portions of the parieties, and into this, at six points, I injected the solution in the same manner as before. The patient returned home, with instructions to request the family physician to puncture the integuments over the soft part of the tumor, if it became painful, or pointed to the surface, after which she should dress it with warm poultices of bread and water.

Owing to the inclemency of the season, distance, and bad roads, she did not return till the 15th of November. She had not suffered any pain, nor had she gone to her family attendant to have the tumor opened; but he had called on her and told her to "let well enough alone," and see what came of it, and the result proved the wisdom of his advice. A small circular opening formed at the point where the needle trocar was last inserted through the skin, and on pressing the soft flabby tumor, it discharged a dirty, yellow, unhealthy-looking matter, loaded with small black particles resembling coarse specks of soot, and numerous shreds half an inch in length, of the same dark substance. At the time of her return to report, the tumor had collapsed, leaving a slight depression, and there was some slight oozing of the above-mentioned matter, through quite a small opening in the skin. At the time the opening in the skin formed, she poulticed for a few days, pressing out the accumulated matter each time she changed the dressing, after which, she merely kept it covered by a pledget of lint, to soak up the slight discharge. No further treatment was ordered, and on the 29th of November she returned and reported herself well. There was a small cicatrix three lines in diameter, at the seat of the late opening, which so nearly resembled in color, the surrounding skin, as to be scarcely noticed, and the depression which occupied the late seat of the tumor is nearly filled up, though I have no doubt there will always remain some depression.

I saw her in January last, and have heard from her during the current month (June), and there is no appearance of any return of her disease, whatever it was. Was it malignant? I don't know. I think it would have destroyed the patient, if it had not been itself destroyed. During the period of Mrs. D.'s treatment, I treated two other very similar cases, in the same manner, but, as there was no difference either in the treatment or result, their publication is unnecessary. During the progress and treatment of those cases, and since, I have applied the solution of chromic acid, and the pure acid to several unhealthy ulcers on the os and cervix uteri, and to epithelioma

of the face with very satisfactory results, and think the agent worthy of further trial in that direction.

I have written this report with a view of aiding in the direction of the professional mind to the plan of treating heteromorphous neoplasms by intertissuelar injections of chemical agents that possess the property of destroying these growths when applied to their surface, taking care to avoid the dangers of absorption of poisons into the blood. I do not propose an infallible cure for this class of diseases; I merely state my experience with a single agent thus far, and hope that others may extend the experiment to a satisfactory conclusion for or against the method or the agent. I think there is much to be gained by the intertissuelar introduction of alterative or destructive agents into the parts to be specially acted upon in several forms of diseases. Especially does the whole subject of "cancer," if I may use a word that expresses so little and means so much, need a thorough re-investigation. Our savans have written volumes defining the nature of various diseases coming under the general title of cancer, and the microscope has done its share in revealing tissuelar differences and similarities, but the *cure* of these diseases is still largely in the hands of quack and empirical pretenders, who mystify the public with secret remedies; and there is nothing gained by our ignoring the well-established fact that very well-marked cures have sometimes been brought about by these secret agencies.

Science holds the key to most secrets, and chemistry can readily strip these secret remedies of their fascination for the vulgar mind, and place them in the hands of those trained to direct their terrible energies to safe results. The vast increase in the number of cases of malignant diseases, within the past few years, makes it imperative upon us to turn our attention to improved methods of *cure* quite as much as to the investigation of the diseases themselves, and it would be well to find agents that will destroy them first, and then, if possible, find out *how* they do it.

WOUNDS OF THE HEAD.

By Philip S. Wales, M. D.,
Philadelphia.

IV. FRACTURE OF THE EXTERNAL TABLE ALONE.

The existence of this rare form of cranial fracture has been put beyond all doubt by the numerous cases recorded. It has been verified by autoptic examination and diagnosed during life, though it must be confessed that the obscurity of the symptoms in general makes the ascertainment of the fact in the latter manner exceedingly difficult. Of course, for its production certain circumstances of age, and anatomical arrangement of the tables of the skull, are indispensable prerequisites. Thus it would be impossible, in very young or very old people, in both classes of whom the bones are thin, and with little interlamelar substance; their softness in children would rather cause them to yield and become depressed without fracture, while the brittleness of the bones of the aged would almost certainly determine a complete fracture of both tables. The spongy material, or diploë of the skull, undoubtedly has a share in deciding the effects of a blow, and in checking the vibrations of the cranial walls. Such an injury, therefore, must needs be found exclusively in the middle period of life, and eminently among those who have considerable thickness of the skull from abundance of diploë. All parts of the skull are not equally liable to it, for the interlamellar space is broader in some places than in others, as over the frontal sinuses, orbital ridges, mastoid and occipital processes.

Perhaps, also, its occurrence may sometimes be influenced by some diseased action of the bones, giving rise either to alteration in the brittleness of the external table, or to increase thickness and areolation of the diploë. The injury is inflicted in various modes, by bullets, blunt instruments, &c., but the violence must be only moderate; the fracture is always of circumscribed extent, and the depression, of course slight, limited to the distance between the two tables, and most of the recorded cases I have collected were compound, that is, communicated through a wound in the scalp with the exterior air. As the amount of force involved in the production of the fracture is moderate, the immediate effects will be correspondingly mild, the patient, perhaps, being only stunned, momentarily losing his consciousness. If the fragments be removed through the scalp wound, the external side of the inner table may be felt with the point of the finger or a probe, firm, at its proper level, and roughened by the jagged remains of the broken diploë. I append the following case, which, as far as could be ascertained in the manner above described, is a specimen of this form of injury.

A man, C. W. T., American, æt. 38, robust health, was admitted July 17th, 1864, had been struck above the right ear, three days before he came into the hospital, by a piece of shell which fractured the temporal bone, producing slight depression and comminution of the external table. The fragment of shell was removed, lying just above the bone, among the fibres of the temporal muscles. The man suffered from concussion to some extent, but was never insensible. With the exception of severe pain in the head, no distressing cerebral symptoms manifested themselves. Cold water dressings were applied, the man purged, put on low diet, and kept quiet. The wound in the scalp suppurated and finally healed, leaving a small fistulous orifice, through which small spiculæ of bone were, on several occasions removed. On the 6th of October, the wound entirely healed up, and the man was discharged.

There is another way in which the external table may be broken by gunshot. Instead of striking direct, communicating all its force to the external table and lodging as in the foregoing case, the missile may strike obliquely, ploughing up the diploë, in the form of a groove, leaving the internal lamella intact, while the external is comminuted.

This injury may be attended by inflammation, and its sequelæ, so that the surgeon should watch every symptom with zealous care. The trephine is not indicated, except where the frontal sinus may be broken and the external table depressed, but the cases must be rare, indeed, in which the bone could not be raised through the wound simply by an elevator. However, later in the course of these injuries, in which inflammation of the dura mater with suppuration and necrosis of the bone occur, operative interference may be required to relieve compression. Inflammation with suppuration of the vessels of the diploë and consequent pyemia has also been observed.

V. FRACTURE OF THE INNER TABLE ALONE.

Fracture of the inner table of the skull is more rare than the preceding, but its occurrence is well established by many cases, there are several specimens of it in the Army Medical Museum, and others in foreign museums, a beautiful example in that of Dupuytren, figured in Legouest's Military Surgery. Cases are related by Paré, Bilguer, Velpeau, S. Cooper, Hennen and others.

The injury is fortunately rare; as those suffering from it are removed, in great measure, from the slim succor of art acquirable even under the most favorable circumstances of treatment of brain injury in which spiculated bone is driven into that organ and its membranes. The inner table may be simply cracked or fissured, without being displaced, but in a majority of the observed and known instances it was considerably comminuted. In the former case the symptoms would be likely to be of moderate degree, while in the latter, all the dangers attaching to inflammation lighted up by the spiculæ driven into the brain would be encountered.

In the instance related by S. Cooper, in which he trephined a spicula of bone more than an inch long was removed. Indeed, we shall always inevitably be surrounded by all the dangers of punctured fracture already alluded to. The diagnosis is all but impossible, as the symtoms produced are in almost all cases so mixed up with those attending concussion and compression from effused blood that it is impossible to differenciate the cases. We may find the patient insensible from the time the injury is inflicted; it may be from concussion only, and before this passes away the case may be merged into one of compression from the blood poured out from the ruptured vessel, and thus simulate compression for depressed bone.

In Cooper's case, he trephined for compression from effused blood, being guided in selecting the point in the skull by the bruised condition of the scalp. We must then be led more by the concomitant than the intrinsic symptoms of the injury as to the proper course to be pursued; if we can make out that the compression has come on immediately after the blow was inflicted, and if it present or even get more and more serious, instead of retrograding, if the injury have involved the anterior-inferior angle of the parietal bone, rendering it probable that the middle meningeal artery has been wounded, and active hemorrhage taking place by the speedily occurring and increasing symptoms of compression, and, finally, if there be contusion of the scalp to guide us in selecting the spot of injury in the skull to apply the trephine, there cannot, I conceive, be any better practice than to have recourse to this instrument at once. I must remark, though, that from the similarity of the fracture in its effects to punctured fracture, in which at least all

authority and experience are in accord as to the propriety of the operative interference that it is not so much a question of difficulty in deciding the propriety of the trephine as it is difficult in making out the nature of the injury.

VI. DEPRESSION WITHOUT FRACTURE.

The skull, in infants and children, is susceptible of considerable change of position from the general level without the occurrence of fracture, the reason of which may readily be comprehended when the greater thinness, softness, and elasticity of the bones composing it are considered. Many of the older surgeons even alleged that it occurred in the adult, but no reliable case is recorded, or specimen preserved of such an injury happening at this period of life; a consideration of the physical condition of the bones precluding such an idea being entertained even in vigorour manhood, much less in old age, in which the brittleness of the bones is in still greater excess. It is probable that the instances related as cases of this injury were, perhaps, either congenital depressions and malformations, or some of those sanguineous tumors with soft centres and hard edges, produced by blows. Slight cases are sometimes seen in new born infants after difficult labor, but even here, decided fracture may in rare instances be observed; Dr. Flügel relates two such cases. No instruments were employed in the delivery, and in both there was fracture of the parietal bones. The most remarkable cases of simple depression however are produced by children pitching upon the head from a height. In some of these instances, the entire shape of the head has been found altered, but generally the injury is limited to narrow bounds—to depression, for instance, that will receive the bowl of a tea-spoon or table-spoon.

The treatment of these cases is simply antiphlogistic, no operative interference being required. The elevation of the bone has sometimes been effected by the application of a cupping-glass, the edges of which were made air-tight by the use of some plastic substance as putty placed on the scalp, as related in Hildanus. We also read in Celsus of adhesive plasters, with a string affixed to their centres like the toy used by boys called a "sucker," being used for the same purpose.

——Dr. Albert Reder has been elected professor of syphilography and dermatology in Vienna.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

May 18th, 1870.

Surgical Clinic of Prof. D. Hayes Agnew, M. D.

(REPORTED BY DR. DE F. WILLARD.)

Hypospadias.

Gentlemen: The patient now before you presents himself suffering from a most serious, yet fortunately rare, congenital deformity of the penis.

Upon raising the member, you will see the orifice of the urethra opening, not at its usual position, at the extremity of the glans, but upon the inferior surface of the organ, about midway between the scrotum and the glans.

The urethra is perfect to this point, but beyond it to the glans, there is an entire absence of the lower and lateral walls, there being but a slight groove along the surface of the corpus spongiosum and glans.

You will also notice that there is slight incurvation of the penis, which is a usual accompaniment of this deformity. The orifice is somewhat smaller than usual, but the patient has no difficulty in micturition and suffers no serious inconvenience.

He has now, however, arrived at an age when operative interference is demanded, since in his present condition he is to a certain degree, at least, rendered impotent, since the probability of the semen reaching the interior of the uterus, is greatly diminished, yet there are instances when a man afflicted with this deformity has become a parent. The operation is, moreover, demanded by his urethral condition, since in this, as in all difficulties of the genital organs, the mind is constantly dwelling upon their unfortunate situation, and the patient is rendered unfit to perform his ordinary duties, becoming gloomy, despondent, wretched, and at times, almost or quite a monomaniac.

This affection has received the name of hypospadias when the opening is upon the inferior surface of the penis; and is called epispadias when the opening is upon the dorsum, in which latter case the canal is sometimes but a gutter, which may be cleft. Both varieties are, as I have said, quite rare; yet they demand the earnest attention of the surgeon, both on account of their practical importance in the exercise of the procreative function, and from the unhappiness of the sufferer. These deformities of the urethra are sometimes met with in cases far worse than the one before us, as for instance, in its entire absence as seen in axtrophy of the bladder, or again, we may find this opening at any point between the bladder and the glans. The simplest cases are those in which the opening is just behind the frænum, but at other times we find it, as in the present instance, nearer to the scrotum, or occasion-

ally even in the scrotum itself, which organ in such cases is cleft in the median line, giving us projections resembling labia, thus forming a condition which might, at first glance, be considered as hermaphrodism. When the opening is situated far back the case is incurable, but when in front of the scrotum an operation will give reasonable hope of success, and when the opening is just behind the frænum a very good cure may be expected.

The operation in the present case will consist of an attempt to form a urethra along the under surface of this groove or gutter, to the extremity of the glans, in the normal position of the urethra. For the accomplishment of this object, a silver catheter, short and straight, will be introduced into the urethra a short distance back of its present termination, but not entering the bladder, since the intention is not to drain off the urine only, but to make this tube a foundation, also, upon which to rear our structure.

The skin will then be clipped away along the edges of this groove, from the inferior surfaces of the corpus cavernosa, and from the lower face of the glans, thus giving two raw surfaces, which will be firmly brought together over the catheter, by numerous points of twisted silver suture, thus securing union by the first intention, and giving a new track along which the urine may course.

[Note.—The operation, as above described, was then performed by Prof. A., the parts being afterward supported by numerous adhesive strips and the catheter also fastened in position.—De F. W.]

In regard to the after-treatment, the patient will be kept in bed, and will be directed, whenever he desires to pass his water, to firmly compress the penis around the lower extremity of the catheter, so that the urine may be compelled to pass through it, and thus not interfere with the reparative process.

The greatest obstacle which will prevent the attainment of a good cure, will be the occurrence of erections of the organ, but these must be carefully and assiduously guarded by the administration of full doses of potass. bromide, and by the local application of cold water. With these precautions, we may reasonably expect that the patient will make an excellent cure.

Amputation of Finger.

The man before you, 58 years of age, presents himself with the history that he received a severe injury of the little finger, some ten weeks since, which injury was inflicted by a knife. Phlegmonous erysipelas supervening, soon implicated not only skin and superficial fascia, but invaded the deeper structures also, causing intense pain and suffering. Openings were made at various points in the hand, but suppuration has continued up to the present time, and upon the posterior aspect of the member are now the orifices, several sinous tracks, which are still discharging pus, and as the probe is passed into these, it easily reveals the presence of necrosed bone.

The serious inflammation which followed so slight an injury, may be explained by the fact, that at the time of the reception of the injury there was prevailing in this city a severe epidemic of erysipelas, and it was undoubtedly to this influence, rather than to any peculiarity of the wound, that such unfavorable results have occurred.

It is well known that when erysipelas becomes thus epidemic, that the slightest wound, even the scratch of a pin, may provoke severe consequences.

Erysipelas thus occurring is, at times, but slight in its character, being confined but to the superficial structures. Now when it passes deeper, it does so not by extension from one structure to another, as to deep fascia and then to lower tissues, but its route through the deep fascia is in the course of the blood vessels as they perforate it coming up to reach the skin. When the inflammation has reached these deep tissues, the results are likely to be serious. Since there is great difficulty experienced by the products of inflammation in making their escape, and even though the periosteum be not involved, yet thickening in the sheaths of the numerous tendons, often permanently impairs the usefulness of the hand.

When periosteum is also implicated, then follows necrosis of the bone, as seen in the case before us.

In these inflamations of the hand, the danger is the greatest, not as you might suppose, in the proximate phalanges, but in the distal; and the reason for this lies in the fact that, at the ends or pulps of the fingers, as you have all noticed in your dissections, it is impossible to separate the tissues into the usual layers, skin, superfacial fascia, deep fascia, etc., but everything is firmly bound together by connecting tissue, and no such layers definitely exist.

Such is really the condition, and therefore inflammation quickly involves all these tissues, and the bone dies much more frequently than those where disease is in the phalanges, situated more closely to the metacarpus.

Some of the results of such serious inflammations you see before you in the hand of this man. The whole member is swollen and œdematous, perfectly useless, but the only necrosed bone which we can discover is in the little finger.

The finger also stands off at an angle from the hand, is distorted and twisted so that the nail looks almost anteriorly. And the only treatment that will be of any use will be immediate removal, in which case, the man will soon have a good, useful hand, which would be impossible, were it allowed to remain in its present condition.

[Prof. A. then removed the finger at the metacarpo-phalangeal articulation, and as the head of the metacarpal bone was also found to be diseased, it was taken off with bone-forceps. All the tissues were found to have undergone extensive fatty degeneration.—W.]

CLINIC OF DR. J. C. GARRETSON.

Epithelioma of Lip.

Two male patients, aged respectively sixty and fifty years, present themselves afflicted with large and indurated ulcers, situated between the inferior labial centre and commissure. They have come to our clinic for the two-fold purpose of learning the character of these ulcerations and for treatment.

Observing either ulcer, (and they are precisely alike,) you will remark that the edges are jagged and the bottoms granular. You will also perceive, by taking the parts between your fingers, that they are quite solidly indurated. Were these ulcers upon the penis, and their bottoms fatty instead of granular, one would pronounce them Hunterian chancres; they certainly have very much the appearance of such chancres.

These ulcers are of sometime standing, and have no tendency to self-improvement, but on the contrary grow daily worse. Each patient also complains of sharp lancerating pains in this vicinity, and of a sense of continuous stiffness and discomfort.

Unhesitatingly we pronounce these ulcers belonging to the class "Epithelioma," and more than this, we can say, for we may feel assured of the fact, they belong to the carcinomatous type, and are therefore malignant.

An ulcer, or tumor, coming justly under the head of epithelia, is not necessarily to be esteemed as cancerous in its character; this term is rightly used for many diseases of the epithelial tissue. A wart, or a corn, is a species of epithelial hypertrophy, yet it is seldom, indeed, that such growths are other than benign.

An epithelial, carcinomatous degeneration, appearing upon a mucous surface, is commonly ulcerative in character; upon the skin it takes the form of a tumefaction or tumor; or again, at the junction of skin and mucous membrane, as in the cases before us, assumes a compound nature.

An epithelial cancer seems to me to have primarily a strictly local signification, the general system being secondarily implicated, differing thus, markedly, from the encephaloid type where the local disease seems but the concentrated manifestation of a pre-existing constitutional taint. I do not know, however, that I am right in these premises; many very experienced and learned men hold different views, still I express what seem to be just deductions, warranted by my own experience. It certainly has been my good fortune to treat successfully many cases of epithelial carcinoma; while I do not think I have ever cured a case of encephaloid cancer.

Epithelial cancer present themselves in two forms, which differ widely as far as prognosis is concerned.

In the first, the disease seems strictly circumscribed, the parts immediately adjacent feeling and looking entirely healthy.

In the second, the condition seems to be one of infiltration, and we cannot definitely determine the extent of the disease.

Operations upon the first of these classes are nearly always successful; upon the second the result is doubtful.

The cases before us are both of the first class, and we may therefore indulge a reasonable hope that our operation will save life.

[NOTE.—The operations performed consisted in removal of the diseased structures, together with sufficient healthy tissue to insure against return of the difficulty. The cut surfaces were approximated by the hare-lip pin and suture, and the free surfaces of the incised lip were stretched together after the mode adopted in operations for phimosis. Slight hemorrhage continued for some time, but was controlled by a saturated solution of alum; Dr. Garretson remarking that he believed his cases always did better from such depletion, and refusing to use ligatures.] DE F. W.

Ranula.

The patient now before you is suffering from the form of tumor known as ranula. As she opens her mouth you may see the growth directly beneath her tongue, to the right of the frenum. It has a flabby, relaxed appearance, resembling very much a teat of loose flesh. A week ago, the patient informs us, this tumor was tense and glistening, and of such size as to prevent the closure of her jaws, protruding indeed over her lower teeth. One evening, suddenly, a ropy, yellowish fluid ran from her mouth, and in a few minutes the tumor became as you see it.

Let us consider the subject a few minutes before proceeding to the operation. A ranula is the analogue of the common sebaceous tumor. Some one of the tubal outlets of the salivary glands becomes obstructed, an accumulation of the secretion necessarily occurs, which continuous accumulation is accommodated by the bulging and attenuation of the tube, thus giving in the end a tumor of greater or lesser size.

Now, whether this tumor is to be large or small; whether it is to look and feel like the belly of a frog, or to be so solid as to be seen almost stone-like, depends entirely upon circumstances. Should the obstruction be complete and sudden, and the secretion of the gland profuse, the tumor will have a very thin wall, translucent, which will indeed be almost precisely like the belly of the frog.

On the contrary, when the obstruction is incomplete, and inflammatory in character, then the enlargement of the growth will be gradual, while the sac will be indurated from the result of plastic deposits made in it; the contents will be gelatinous, and the tumor will look and feel like a fibrous growth.

It is not unlikely that a ranula of long-standing, either complete or incomplete, will contain a salivary calculus. These calculi are formed by the

deposition of the salts of lime, as the fluid portion of the saliva is gradually absorbed, and the resulting stone is almost identical in character with tartar so often seen surrounding the neck of teeth. These stones sometimes attain a considerable size, even as large as a pigeon's egg, as may be seen in a specimen in the Pathological Museum of the Philadelphia Hospital, which was removed by me from one of these sacs some years since.

In the case before us, we have simply the collapsed sac of a "frog-belly-ranula." The yellowish fluid alluded to by the patient as having escaped, was but the contents of the cyst, which cyst had been ruptured by some accidental cause. Such a rupture might be supposed would result in a cure of the difficulty, but such an inference, unfortunately, can but seldom be justified by past results, the slit in the sac speedily reuniting and thus again obliterating the outlet.

Various means have been adopted for the cure of cases like the present, which means we shall endeavor during our clinic service to present to you from time to time.

In the present instance the treatment will be confined to the simple introduction of a seton, which will be allowed to remain until it is thrown off by ulcerative action, or until sufficient evidence is given of a cure which we have no doubt will occur.

[Several strands of ligature silk were then passed through the sac, by means of an ordinary curved needle, and then looped. This subject, Dr. Garretson remarked, was one of wide signification, and would be enlarged on as various types of the condition should, from time to time, present themselves.—De F. W].

Elongated Uvula.

C. K., æt. 12, white male. This lad came to us with a constant, troublesome, hacking cough, and tickling in his throat. His lungs have been examined and found perfectly healthy. Upon looking into his mouth, however, the uvula is seen so relaxed and elevated as almost to make the epiglottis, and it is fair to infer that here lies the seat of the difficulty.

The uvula is an organ composed of muscles covered by mucus membrane, and is bound together by connective tissue; it is, indeed, as if two little muscles were enveloped in a very loose bag, with a quantity of connective tissue thrown in as packing. A relaxed condition of this bag-like portion is a very frequent condition, so frequent indeed that we have to-day some three cases presenting for operation.

The treatment of such relaxations usually consists in the use of astringent and stimulating gargles, the tinct of capsic. combined with strong infusion of white oak bark, being my favorite application, the capsic. being added to the infusion, until it smarts the tongue. Alum has many advocates, but it is very destructive to the teeth.

The quickest treatment is excision, which is a most simple and painless operation. The mucous membrane, being the part at fault, and not the muscles, is therefore clipped off—yet should we make a miss and cut away half or even all the parts, I do not think that serious injury would result.

[Dr. G. then proceeded to operate upon all the cases in the same manner. The head being supported against the breast of an assistant, and the tongue kept in position by a Professor, the tip of the uvula was caught in the forceps, and the section made with scissors curved upon the flat.—De F. W.]

Nævus of Lip.

E. C., æt. 6 months, white male. The tumor seen upon the lip of this child, is what is known as a nævus or the "mother's mark." It is an erectile growth, being in this particular instance composed of a congeries of arterioles.

You perceive that it is very red, looking as though it would bleed freely were it punctured, and you will notice, moreover, that the vascularity is circumscribed, not shading off by degrees, but abrupt in its definition.

Such a tumor as the one before us would be well exhibited by a drawing which would represent a single normal vessel, terminating in a vascular tuft, such tuft being enclosed by an envelope of attenuated skin.

In any operation upon it by the knife, it would occur to us that we should direct our incision so as to cut the main vessel supplying it, and leave the tuft intact. This would demand but a single ligature, thus making the hemorrhage as easily controllable as any injury of a coronary vessel.

A mode of treatment, however, which I think is to be recommended, and which will be adopted in the present case, is that of strangulation. Strangulation of tumors of the skin has been objected to, upon the ground of the too frequent supervention of erysipelas, which is indeed a grave and important objection, but I give it as my individual experience, that such an accident can be avoided by first circumscribing the tumor, by an incision of the skin, thus giving the superficial fascia as the first layer in the strangulating ligature.

Moreover, the primary incision does more than guard against erysipelas, for it also secures a healthy cut surface, which immediately commencing to throw out granulations, follows "in the wake," as it were, of the sloughing process, so that by the time the tumor is ready to separate, the resulting ulcer is obliterated to a mere point, thus giving us the double process of repair and destruction, simultaneously taking place

[Note.—Dr. G. then made the incision as above described, and threw around the nævus a silk ligature, the ligature being directed into the cut by a hair-lip pin passed through the base.—De. F. W.]

Medical Societies.

MINUTES OF THE MEDICAL SOCIETY OF THE STATE OF PENN'A.

PHILADELPHIA, JUNE 8, 1870.

The Medical Society of the State of Pennsylvania assembled at 11 o'clock, at the College of Physicians, Thirteenth and Locust streets. The following officers of the society were present:

President.—William M. Wallace.

Vice Presidents.—W. R. Findley, W. H. Pancoast and A. M. Pollock.

Corresponding Secretary.—Laurence Turnbull.

Permanent Secretary.—William B. Atkinson.

Recording Secretary.—A. H. Fish.

Treasurer.—William Mayburry.

The session was opened with prayer by Rev. J. L. Witherow, after which Professor J. Aitken Meigs, of the Jefferson Medical College, read the following:

ADDRESS OF WELCOME.

Mr. President and Gentlemen, Members of the Medical Society of the State of Pennsylvania:

The members of the Philadelphia County Medical Society, and the Physicians in general of Philadelphia, welcome you again to your labors, and with hearty good will once more offer you the hospitalities of their city. It is their earnest wish that this, your twenty-first annual meeting, may prove alike pleasant and profitable in its results; very pleasant to yourselves through the harmony of its proceedings and the opportunity which it affords for social relaxation and the interchange of professional thought; very profitable to the community through your scientific labors.

With commendable zeal, and at the sacrifice of time and money, you have gathered together, this day from all parts of the Commonwealth. From the populous and busy cities, from the thriving villages, from the sequestered and thinly settled tracts of the Keystone State, you have assembled for the noble purpose of endeavoring to ameliorate the condition of the sick and suffering man by promoting, through your individual and combined researches, our knowledge of the essential nature of disease and the best methods for its relief.

You convene under remarkable circumstances, and in the presence of extraordinary issues. These issues have not sprung up in the bosom of the profession, but are steadily pressing upon it from without as problems demanding solution. Whether it be wiser to discuss these problems now, or leave them to be solved by time, that great rectifier of all difficulties, is for you to determine. In arriving at your conclusion you will not forget, however, that medicine is duplex in its relations; that it is intimately connected with science on the one hand, and with the endless cares, the wants and sufferings of humanity on the other. Its fibres of connection and dependence run out freely into all the ramifications of science. In turn, its ranks are pressed upon by all, and penetrated by many of the social movements of the day. The medicine of any particular age will always reflect the scientific and the social characters of that age. Our profession must, therefore, be constantly varying, continually suffering innovations from the progress of science and the fluctuations of humanity.

The medical profession, though eminently conservative, cannot—does not stand still. Your published transactions bear evidence of this. They show that your labors, whether directed to the scientific or humanitarian aspects of medicine, have a progressive character. But they also show that you have, in the main, been cautious not to confound speculation in science with true advancement in knowledge, nor to mistake mere social agitation for human progress. You have always distinguished between the silently but steadily advancing waters of the river carrying fertilization in its course, and the noisy waves which, flung upon its banks in consequence of some obstruction in its channel, recede again and are lost in the main current when that obstruction is removed.

In consequence of this rapid advance in science, and the multiplication of scientific instruments, medicine is at present undergoing a remarkable change, While its data are daily becoming more and more exact, the theories or fundamental principles which constitute its frame work, so to speak, are undergoing, like our social fabric, a complete revolution. To the reflecting mind it is evident that medicine is now passing through a chaotic phase in its onward career. The day of blind obedience to authority is at an end. No asserted fact, no theory, however plausible, finds its way to acceptance on account of the great name attached to it, but, on the contrary, is immediately tried in the crucibles of experiment, observation, and induction by that earnest and enthusiastic band of laborers who, whether in physics or biology, are seeking with busy hands to reconstruct the philosophy of medicine, and place it upon a sure scientific basis.

That for nearly a quarter of a century you have industriously labored for the furtherance of this object is amply attested by the scientific papers and reports contained in your printed transactions. In these labors the physicians of Philadelphia deeply sympathize, and again most cordially welcome you to their renewal as brothers and co-workers in a great cause.

The Committee of Arrangements, through their Chairman, Dr. Gross, then announced the programme of exercises during the session of the society.

It was announced by the secretary that one hundred and four delegates had registered their names, but that the registration was not yet completed.

On motion of Dr. Nebinger the reading of the roll was dispensed with for the purpose of listening to the President's address.

The President then read the address.

On motion of Dr. Stetler, the thanks of the body were extended to Dr. Wallace for the able address just delivered, and a copy of the same requested for publication in the transactions of the society.

The roll of the delegates was then read by the permanent secretary.

On motion, the reading of the minutes was dispensed with, and a committee of three appointed to examine the same, and to consider all unfinished business which may come up under it, to report at as early a day as possible. Committee, Drs. Stetler, Curwen and Pollock.

An invitation was received from Mayor Fox to be present at the review of the police force in the afternoon at Logan Square, at 4 o'clock, and accepted with thanks.

The report of the treasurer, William Mayburry, was then read and accepted and referred to an Auditing Committee of Drs. Commiskey, Irwin and Horton.

A charge was preferred by Dr. Bland, of Schuylkill county, against Dr. George W. Brown, for violation of section third of the constitution, thereby forfeiting his right to a seat in the body; inasmuch as a protest offered to the Committee on Credentials asking his non-admission had been rejected.

Dr. Bland moved to refer it to a special committee.

Dr. DeWitt moved to amend by referring the entire matter back to the county society in which it originated. The amendment was adopted, and the resolution as amended was adopted.

Dr. Heysham, of Delaware county, offered a resolution that members of the Philadelphia Society be invited to a seat in the body. The resolution was finally modified to include medical officers of the army and navy, and then unanimously adopted.

The Auditing Committee reported that the treasurer's account had been examined and found correct.

Dr. Stetler moved that the thanks of the body be returned to Dr. Mayburry, the treasurer, for his efficient services. Adopted.

The report of the Committee on the Charter was presented by Dr. Mayburry.

Dr. W. L. Atlee, in view of the unfavorable character of the report just read, moved that the society transact business during its present session under the old constitution, as amended at Erie.

The resolution was discussed at some length, and it was moved that the report be received and the resolutions be reconsidered *seriatim*.

Pending this action the society adjourned to meet at 4 o'clock.

AFTERNOON SESSION.

At four o'clock the Society again met, and was called to order by the President.

An invitation was received and accepted for the visit of the society to the Pennsylvania Hospital on Friday (to-morrow), between the hours of nine and ten o'clock, A. M.

The corresponding secretary read the report of the censors on the case of Dr. W. R. Findley.

The secretary read a resolution to pay the expenses of the Committee on Charter. Carried.

He then offered a resolution to discharge the committee and appoint another of seven members to apply to the Legislature for a charter for the society.

A motion to refer the whole matter back to the same committee was lost.

That portion of the resolution discharging the committee was then carried.

That portion appointing a new committee was lost.

This vote, in the light of the debate which preceded it, disclosed the fact that a majority of the members were opposed to any further effort in the way of obtaining a charter.

On motion of Dr. J. L. Atlee, the constitution reported by the Committee on Charter was adopted in place of the constitution of 1868, save that where the word "charter" occurs "constitution" was substituted, and "society" for "incorporation."

Dr. Corson moved that the rules be suspended, for the purpose of bringing up the matter of the suspension of Dr. Halberstadt by the Schuylkill County Medical Society in the year 1868. Carried.

The censors in the case, through Dr. Turnbull, presented a report declaring the action of the county society in question irregular, and reinstating Dr. Halberstadt to membership.

Dr. Brown presented a protest of the Schuylkill County Medical Society against the report of the censors.

Dr. Bland presented a counter-protest to the one presented by Dr. Brown, signed by five members of the county society.

A debate then ensued upon the subject, when the previous question was called and sustained.

A vote was taken upon a motion of Dr. Nebinger to lay the matter on the table. Lost.

Upon motion the report of the censors was sustained. On motion of Dr. DeWitt the delegates were instructed to select their members of the Committee on nominations, and report them to the morning session.

On motion of Dr. Brown his protest was ordered to be entered on the minutes.

On motion, the counter protest was ordered to be entered on the minutes.

EXHIBITION AND RECEPTION.

In the evening, at Jefferson Medical College, an exhibition was given of the powers of the gas microscope for the entertainment of the delegates. A large number of them were present, accompanied by their ladies.

The introductory and explanatory remarks were made by Prof. J. Aitken Meigs, the exhibition being under the management of Drs. J. Gibbons Hunt and W. W. Keen.

The specimens exhibited by projection on a screen, consisted of animal and vegetable tissues—more especially those of a cellular character, including photographs largely magnified of the entire nervous system of man, spiders, mosquitoes, beetles, and animalculæ were exhibited in rapid succession, to the intense delight of those who witnessed them.

At the conclusion of the experiments with the

gas microscope, a very remarkable exhibition was given by Professor B. H. Rand of the effect of polarized or reflected light. Experiments were made with feldspar, Iceland spar, uric acid, and tartaric acid, showing the beautiful colors obtainable by the polarized light when thrown in certain positions on the object.

This portion of the exercises concluded the entertainment and called forth loud encomiums from all present. It was interesting, not only as a sight, but as an insight into a scientific subject of rather difficult treatment. The apparatus used was furnished through the kindness of Professor Morton of the Franklin Institute.

At the conclusion of the exhibition the delegates repaired to the residence of Dr. Ellerslie Wallace, No. 1130 Spruce street, where they were entertained with that hospitality for which the Doctor is so justly celebrated. They departed to their several lodgings at a late hour, well pleased with the exercises of the evening.

SECOND DAY.

The society re-assembled at 10 o'clock, on Thursday, June 9. President in the chair.

The Permanent Secretary announced the committee on nominations, as follows.

Allegheny, J. Semple; Beaver, D. W. Langfitt; Berks, W. M. Weidman; Blair, C. Irwin; Bradford, G. F. Horton; Bucks, R. C. Foulke; Cambria, J. Lowman; Chester, I. Price; Crawford, W. Vanan; Columbia and Montour, W. H. Bradley; Cumberland, R. L. Sibbett; Clarion, J. F. Ross; Dauphin, H. B. Buehler; Delaware, J. M. Allen; Erie, W. M. Wallace; Fayette, S. B. P. Knox; Franklin, S. Lane; Greene, L. H. Laidley; Indiana, W. Jack; Lancaster, J. L. Ziegler; Lehigh, W. B. Erdman; Luzerne, G. Underwood; Lycoming, J. S. Crawford; Mercer, J. P. Hosack; Montgomery, Wm. Corson; Northampton, P. B. Breinig; Perry, J. E. Singer; Philadelphia, H. St. C. Ash; Schuylkill, G. B. H. Swayze; Susquehanna, C. H. Bigelow; Venango, F. F. Davis; Washington, J. R. Wilson.

On motion of Dr. Mayburry, Dr. Thomas A. Elder, of Mifflintown, was admitted as a member by invitation.

A motion of Dr. Stetler, that article xi. of the old constitution be added to the new, was agreed to.

Dr. DeWitt presented a letter from Dr. W. H. Eagle, of Dauphin county, which was referred to the censors of his district.

A lecture having been offered by Dr. B. Lee, on motion, it was made the special order for 12 M.

The following amendments to the constitution were offered and laid over:

By Dr. GROSS:

Art. III., Sec. 2, add, That the College of Physicians of Philadelphia shall be entitled to representation in this society, on the same footing as the Philadelphia County Medical Society: *Provided*, that in apportioning their delegates to this society, no person belonging to both bodies shall be counted more than once, and each member shall elect in which he desires to be represented.

By Dr. GALLAHER:

Every proposal for altering or amending this constitution shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by a majority of two-thirds of the votes present.

On motion of Dr. Gross, the following preamble and resolutions were adopted:

Whereas, The meetings of this society are a cause of great trouble to the physicians of the place where they are held; therefore,

Resolved, That hereafter all public entertainments on their part shall be dispensed with, and in place thereof an annual dinner shall be given, to the expense of which each member shall contribute.

Resolved, That this provision is not designed to conflict in any manner with the acceptance on the part of the Society of private entertainments by physicians and citizens of the place of meeting.

Invitations were received from the Pennsylvania Institution for the Deaf and Dumb and the House of Refuge for the members of the Society to visit those institutions. Accepted, with thanks.

On motion, the delegates from other bodies were then received, Dr. Murdoch, of the New York State Medical Society, being the first introduced. He addressed the Society, returning his thanks for the honor of his cordial reception.

Dr. Stiles, of the New York State Society, was then introduced, and made a short address.

Dr. Samuel Lilly, of New Jersey, was next introduced, and addressed the Society.

The President, Dr. Wallace, made a few remarks in reply to the addresses of the foreign delegates.

Dr. Washington L. Atlee, of Philadelphia, presented an appeal to the convention in behalf of women physicians and women colleges, asking from them recognition, and the abolition of the rules by which the Society refused to give these women and their institutions their rights.

The following contains the more essential portions of the same:

DR. ATLEE'S APPEAL.

To the Medical Society of the State of Pennsylvania, in session at Philadelphia, June, 1870:

The undersigned feeling a deep interest in the objects and character of the Medical Society of the State of Pennsylvania, respectfully appeals to it on a subject often discussed at previous sessions, viz: "The Status of Medical Women." It is now a settled and established fact that women, as physicians, and women's medical colleges exist among us by right of law. It is useless, therefore, to open the question to argument. The mere statement of facts, from which correct inferences may be drawn, will

enable this society, in view of its own constitution and code of ethics, to decide whether, at this moment, it occupies a proper and true position in opposing homogeneous and co-adjutant institutions.

1. Several years ago the Philadelphia County Medical Society passed a resolution forbidding consultations with the professors and graduates of the Female Medical College of Pennsylvania. The Board of Censors of the County Society approved its action, and its chairman carried the resolution to the State Society, at its eleventh annual session, where he again acted as chairman of a committee of five, who, reporting favorably upon the resolution, it was adopted by the State Society, with the additional condemnation of "female practitioners generally." At that time, so far as the "Female Medical College of Pennsylvania" was concerned, there were grounds on which such a resolution was urged which now no longer exist. The Female Medical College now stands, as it has for several years, before the medical world, both in its corps of teachers and its curriculum of studies, wholly free from objections which were once adduced in support of the action of the County and State Societies.

2. This college, therefore, being organized on the same foundation as the best institutions in our country, its hospital arrangements being superiorto most of our medical schools, and possessing a distinguished medical and surgical corps, let us now see the attitude of the State Society still maintained toward the Women's Medical College, in view of its own constitution and code of ethics.

Article 2 of our constitution, says: "The objects of this society shall be the advance of medical knowledge, the elevation of professional character, the protection of the interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, and to improve the health and protect the lives of our community."

Query.—Do not the State Society and the Philadelphia County Medical Society annul these high objects, and violate the letter and spirit of their constitutions by opposing the Woman's Medical College, as at present constituted? Is the great object of the extension of the bounds of medical science advanced by the narrow policy of repudiating, not only its worthy graduates, but all regularly educated medical women, as well as certain eminent medical gentlemen, who are equally as honest, and equally as competent as ourselves in promoting the noble objects of our profession?

In regard to the qualifications of those admitted to the medical profession, our constitution, article 4, section 2, says: "No one shall be admitted as a member of a county society unless he is either a graduate in medicine of some respectable medical school, or has a license to practice from some board recognized by the State Society, or has been a practitioner for at least fifteen years; and who, moreover, is in good moral and professional standing in the place where he resides and is a regular practitioner."

Query.—What is meant by a "regular practitioner?" Article 4, section 1, of our code of ethics answers: "No one can be considered a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulate experience of the profession, and of the aid actually furnished by anatomy, physiology, and organic chemistry."

Again, the same section of the code of ethics says: "A regular medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of the profession." The above extracts clearly define the qualification which admits to membership in the profession, as well as the status entitling an individual to consultation. A non-graduate even is eligible! A physician, educated at an irregular institution, and whose practice, for fifteen consecutive years, is not based on an exclusive dogma, is eligible! We affiliate with such at this very moment; and yet the State Society and Philadelphia County Society exclude from countenance and consultation regular medical graduates of the highest culture, not only because they are women, but also gentlemen of an exalted moral character, of acknowledged professional worth and skill, and alumni of the same Alma Mater with ourselves, for the sole reason that they teach in a regular women's hospital! This is their only guilt! The unpardonable professional sin! And although they are carrying out the very letter of our constitution in advancing medical knowledge, in elevating professional character, in extending the bounds of medical science, and in promoting all measures adapted to the relief of suffering, yet they stand accursed by the professional anathema of a resolution, which, however applicable when originally passed, has been perpetuated in the face of light and truth by a spirit that should not exist in a liberal, humane, and scientific body like the State Society.

In pursuance of the above, Dr. Atlee offered the following preamble and resolutions:

WHEREAS, The past action of the Medical Society of the State of Pennsylvania towards the Women's Medical College of Pennsylvania originated in consequence of its irregular organization; and whereas, the Women's Medical College is now organized upon the same basis as other colleges recognized by this Society; therefore,

Resolved, That the State Society hereby withdraws its objections to the Women's Medical College as at present constituted, and rescinds all resolutions affecting that institution, and the status of female practitioners of good moral and professional standing, who observe the code of ethics of the National Medical Association.

Action on Dr. Atlee's resolution was postponed for the present, while the Nominating Committee retired to prepare nominations for officers of the Society.

On motion of Dr. Price, it was resolved that the delegates from other State Medical Societies visiting this Society, be invited to participate in the discus-

sion of the various subjects that may come before it.

The report of the Committee on Inspection of Drugs was then read by Dr. Cummiskey, of Philadelphia.

On motion, it was received, and the committee discharged.

Dr. McCann, of Washington county, presented the report of the Committee on Vaccination, appointed last year in Erie.

On motion, it was received, and the committee discharged.

Prof. Gross presented a resolution, stating that the Medical Society of the State of Pennsylvania has unshaken confidence in the prophylactic powers of vaccination, and warmly recommend it to all members of the profession as a safeguard against small-pox. Carried.

Dr. DeWitt, of Pittsburg, offered the following:

Resolved, That a committee of seven be appointed to endeavor to procure the passage of a law by the General Assembly of the State of Pennsylvania requiring all makers or venders of patent medicines to print in English and place upon each and every bottle or package of said medicines the constituents and proportions of said bottle or package.

Dr. Nebinger opposed the passage of the resolution, because he believed that the passage of such a law would popularize patent medicines and defeat the object of its passage.

Dr. DeWitt spoke in support of the passage of his resolution.

Dr. Nebinger claimed that the makers of patent medicines and nostrums would not truthfully give the formulas of their medicines, and thus evade the law.

On motion of Dr. Gallaher, it was postponed for the present, as the hour fixed for the paper of Dr. Lee had arrived.

On motion of Dr. Atkinson, it was agreed that immediately after Dr. Lee, Prof. Gobrecht should relate a case.

The order of the day was then taken up, being the reading of a paper by Dr. Benjamin Lee, of Philadelphia, on the effect of suspension in cases of spinal curvature. The application of the apparatus was then exhibited by Dr. Lee, who had three patients present, on whom he illustrated the method of treatment.

Professor Gobrecht, of Cincinnati, then read a paper on the antidotal effects of chloroform on strychnine.

Dr. John Atlee, of Lancaster, also related experiences of his own on the same subject.

On motion, the thanks of the society were returned to Drs. Lee, Gobrecht, and Atlee for their interesting and instructive lectures.

On motion of Dr. Nebinger, Drs. Gobrecht and Atlee were requested to write out statements of the cases related, for publication in the minutes of the society.

Dr. Joseph Parrish, of the Pennsylvania sanitarium, offered the following preamble and resolution, which were adopted.

Whereas, the use of opium and its preparations, as intoxicants, is increasing to an extent which calls for investigation by the medical profession; therefore

Resolved, That a committee be appointed to report next year on the opium habit, its causes, symptoms and treatment, and upon the indiscriminate sale of opium by druggists, with suggestions as to the prevention of this evil.

The following are the names of the committee: Joseph Parrish, Orrin Cooley, Edward Wallace, Jas King, Jacob Price.

The discussion of the resolution offered by Dr. W. L. Atlee, in regard to the Woman's Medical College, was made the order of the day for four o'clock.

The Committee of Publication reported through their chairman, Dr. Mayburry, the following resolutions:

1. *Resolved*, That the committee be instructed to omit from the roll of permanent members, according to the constitution, all names in regard to which they have satisfactory evidence that they are no longer retained on the roll of members of the county society, for which they were originally delegated, or through which they obtained their permanent membership in this society.

2. *Resolved*, That the committee be also instructed to print hereafter for convenient reference, the names of the officers and members of all the county societies, together at the end of each number of the Transactions, in alphabetical order, the officers of said societies to be designated by the appropriate interests.

3. *Resolved*, That in order that the transactions may serve more fully as a directory for learning the names and residences of the respectable practitioners in the counties in which county organizations exist, the societies be again urged to carry out more faithfully the law of this society, requiring each county society to furnish annually for publication a *correct* list of its officers and members.

4. *Resolved*, That since many numbers of the transactions are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any number of the transactions of which there are on hand more than five copies for any number of which the society has none.

5. *Resolved*, That the permanent Secretary and Treasurer be also instructed to procure, as opportunity may occur, two full sets of the transactions, each set to be uniformly bound, and one of them to be kept for the society in the possession of each of these officers.

On motion of Dr. Stetler, the report was accepted and the resolutions considered seriatim.

The first resolution was adopted.

A motion of Dr. Dewitt, to amend the second was lost, and the resolution was adopted as read.

The third, fourth, and fifth were then severally adopted.

Dr. Sargent presented a preamble and the following resolution.

Resolved, That those clauses of section 3, article V. of the constitution, and of section 4, article 1, of code of ethics, concerning duties of Physicians to each other, and to the profession at large, prohibiting the patenting of surgical instruments by members of this society, be annulled. This as an amendment was laid over for one year.

A resolution offered by Dr. W. R. Findley, reciting the action of the American Medical Association against contracts, and enjoining its observance by the members of county societies, was laid on the table.

The meeting then adjourned until 4 P. M.

ENTERTAINMENT.

Immediately upon the adjournment the delegates proceeded to the house of Dr. Benjamin Lee, 1503 Spruce street, where they were favored by that gentleman with an exhibition of his ingenious and valuable apparatus for the treatment of spinal and other deformities. Patients were present, upon whom the merit and efficiency of the various appliances were fully and satisfactorily tested. The greatest interest was manifested by the physicians who enjoyed the good fortune of witnessing the exhibition, and Dr. Lee was the recipient of the warmest congratulations in appreciation of his skill and assiduity in devising means for the treatment of diseases not long since deemed almost incurable. The host, not content with the intellectual feast which he had spread before his guests, then invited them to partake of the good things of life in the edible form. Full justice was done to its savory viands, and the delegates departed highly delighted at the hospitable entertainment which they had received at the hands of their learned but genial host

(*Continued next week.*)

Editorial Department.

Periscope.

Electricity as a Therapeutic Agent.

Dr. Russell Reynolds sums up the "vital" effects of electricity as follows:—When the activity of a nerve is too great, as shown by tremor, pain, &c., we may relieve it by the continuous current. An interrupted current is best if we desire to put a muscle into action which is morbidly inactive; when there is spasm, the continuous current is beneficial. The continuous current will warm a cold limb. In certain forms of palsy and wasting the nutrition of the muscles can be greatly improved by galvanisation and faradisation. Facial palsy, lead palsy, and essential paralysis are most speedily improved by the battery current, interrupted slowly. In wasting of muscles from long continued palsy from cerebral disease, faradisation, again, is *more* useful than galvanisation.

Antidote to Carbolic Acid.

Sweet oil or castor oil swallowed in large quantities is recommended as the most efficient antidote to carbolic acid, when it has been taken in poisonous doses.

A New Antiperiodic.

Dr. Lorinser, of Vienna, gives in the *Wiener Medizinische Wochenschrift*, for May 14th, the results of a number of observations made regarding the effect of a new remedy for intermittent fever. The remedy is the tincture of the leaves of the *Eucalyptus globulus*, a plant of the natural order *Myrtaceæ*. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatsch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse in consequence of a failure of the supply of the tincture of eucalyptus, and quinine had to be employed; two of the cases were not true ague; in one case, neither the eucalyptus nor quinine cured; in one, the medicine (as well as other remedies) was vomited; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinine had been used without effect; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks; in five of these quinine had to be used in consequence of their being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste; it acts favorably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for

intermittent fever. It may be so; but, considering the comparative failure of the substances which have hitherto been recommended as substitutes for cinchona and quinine, still more extended and careful observation will be necessary before recognizing the claims of the eucalyptus globulus to rank as an antiperiodic on which dependence can be placed. The districts which Dr. Lorinser has chosen for testing the effect of the remedy are, we believe, well fitted for the purpose—intermittent fever being very prevalent in them.

Normal Position of the Uterus.

The following remarks are the conclusion of an elaborate article in the last number of *Archiv für Gynakologie*, of Berlin, on the normal position of the uterus, by Carl Credé, of Leipzig. They are translated in the Boston *Med. and Surg. Journal.*

1st. Ante-flexion in a varying degree is the physiological condition of the uterus in nearly half of all women.

2d. The uterus has its correct physiological position, which is exactly perpendicular to the floor of the pelvis, only in a third of women.

3d. Retro-displacements of the uterus, as retro-flexion and retro-version are the rarest forms of displacements, and therefore of the most pathological importance.

4th. Versions and flexions of the uterus, which can be called physiological in half the cases, are very slight.

As we are convinced that ante-versions and flexions are normal positions of the uterus, that the pathological conditions accompanying these are essential, and that these displacements are of no importance, we hope that the at least superfluous, and in many cases dangerous, mechanical intra-uterine treatment with probes and pessaries will be in great part abandoned, and such a course will certainly benefit the women.

Only where the ante-flexion is extreme, so that escape of fluids from the uterus is prevented, and we have symptoms (often due also to the narrowing of the cervical canal), of menstrual colic, retention of mucus and blood, sterility, &c., is there any indication for the repeated reposition of the uterus, or an operation for enlarging the narrowed cervix, measures sometimes of the greatest benefit.

But for ante-displacements, vaginal and intra-uterine pessaries are mostly quite superfluous.

On the contrary, in cases of retro-version, and especially retro-flexion, there is full justification for mechanical treatment.

——It is stated that William M. Evarts has been paid by the Government $57,545 lawyer's fees during the past six years. How this contrasts with the remuneration received by the medical profession!

Reviews and Book Notices.

NOTES ON BOOKS.

"Archives of Science and Transactions of the Orleans County Society of Natural Sciences." A quarterly journal of science with this title will be commenced in July, 1870. Each number will contain sixty-four octavo pages, and will be illustrated with plates whenever required. It will be under the editorial charge of J. M. Currier, M. D., Newport, Vt., and George A. Hinman, M. D., West Charleston, Vt. Some of the ablest scientific men in Vermont have promised to contribute to its pages, and every effort will be made to make it a first class scientific publication. Price, $2.50 per year.

The Annual Report for 1869, of Mr. N. A. Apollonio, City Registrar of Boston, comes to us drawn up with the customary care of that efficient officer. He concludes that an examination of the tables it contains will show very clearly that the sanitary condition of Boston, if not all that is desirable, or even possible, compares favorably with that of other localities far better situated in regard to climate. The death-rate is given at twenty-three deaths to one thousand persons living. This has been the rate for the last twenty years, and it is by no means certain that it can be justly regarded as an excessive one. It is questionable whether it will be, save in exceptional cases, reduced below twenty-two in a thousand.

Chancellor Lindsley has prepared a report in reference to the questions about extending the University of Nashville. It has a local interest.

Baron Larrey, on the 29th March, 1870, presented to the Imperial Academy of Medicine, of Paris, four large volumes of photographs of specimens in the United States Army Medical Museum. He expressed himself on this occasion in the highest terms respecting the merits and value of the collection.

A very thorough article over fifty pages in length on sclerosis of the brain and spinal chord, both disseminated and anular, by Dr. Meredith Clymer, has been reprinted by the Appletons from the N. Y. *Medical Journal.*

"The Remedies we Use. An impartial view of the present state of the Materia Medica, with suggestions for its improvement," is the title of an anonymous pamphlet published in Nashville. The author is imbued with the nihilism of the day, the natural outcrop of our methods of education, and proposes to start Materia Medica *de novo*. We shall be glad to see him begin. He says the work cannot be done by one or two, and proposes governmental aid, etc. We remind him of the Horatian maxim: *trahit quodcunque potest additque acervo.*

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JUNE 18, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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MEDICAL ATTENDANCE ON THE POOR

Experience is constantly proving that charity, as a rule, however much it blesses him who gives, does not bless those who receive. Beggars and vagabondage most abound not where the wealthy are most parsimonious, and the struggle with nature most severe, but precisely where an easy liberality and a facile subsistence put a premium, as it were, on shiftlessness.

This is as conspicuous in medical charity as anywhere else. Free attendance, gratuitous hospital accommodations, drugs for nothing, are quite sure to induce the laborer to care less for the future, and to be more indifferent to laying up for a rainy day.

Seeing this, the English have attempted to devise some plan which will do the good and avoid the evil of indiscriminate charities, and also repay somewhat the hard-working medical men who generally sacrifice the most while they are able to afford it the least. The best suggestion yet is that of the Provident Dispensaries. Their system may be briefly stated as follows:

The funds are provided by "honorary subscribers," charitable persons who pay one or two guineas a year, and "free members," who pay a monthly stipend each, of sixpence or eight-pence, or about ten shillings if admitted on the lists when already sick. The honorary fund usually pays the working expenses, and the free members fund the drug bill, and whatever portion of it is over is divided among the medical officers. These are three in number usually, and the members have the right of choosing which one of them he prefers.

The fees to the medical officers under this arrangement amount to about twenty five cents a visit—not much, it is true, but certainly better than nothing at all, which would be all that they could get from the same class of patients under ordinary circumstances. Besides this fee for visits, a special fee is charged in midwifery cases, usually about eight dollars. Each physician must agree to spend an hour or two at the dispensary, seeing out-patients, when it becomes his duty to do so. It has been feared that the better class of patients might be tempted to take advantage of these institutions, but such has not proved to be the case. With proper management they have instigated habits of thrift and forethought on the part of the poorer classes, and

also increased the general revenues of the medical men in the localities where they have been erected. In this country the fees could readily be increased so that the medical attendant could receive at least fifty cents.

Notes and Comments.

Honor to Whom Honor.

Our humorous friend, the editor of the New York *Medical Gazette*, deals the editors of the *Half Yearly Compendium of Medical Science* (*quorum maga pars sumus*) a blow under the fifth rib for having borrowed the plates, and abbreviated the text of Dr. Lewis' article, on the pathology of Bright's disease, without giving due credit to the *Medical Gazette*. The application for the cuts was made directly to Dr. Lewis, and we supposed we owed them solely to him, and the abstract was made from his monograph separately published, and not from the *Gazette*. In such cases we are accustomed to refer to the monograph directly, and not to the journal in which it appeared. Hereafter, however, we shall scrupulously break this habit in favor of the *Medical Gazette;* and we can but close this explanation, which we would gladly have given in a less public manner, if it had been so asked, in the language of one of Poe's heroes:

"Peccavimus!
But rave not thus!"

Correspondence.

DOMESTIC.

Hydrate of Chloral.

EDS. MED. & SURG. REPORTER

I will give you my experience with hydrate of chloral: I have prescribed hydrate of chloral one hundred and thirty times since the middle of January last. The first case was of delirium tremens. As it was a new remedy I was very cautious in its employment. I prescribed one drachm to a two-ounce mixture, and of this gave a teaspoonful every three hours. I gave five teaspoonfuls this way, and found it produced no effect. I then gave it every hour, and in four hours more the patient slept, and continued to sleep twelve hours. As the medicine had such a happy effect, I was induced to employ it further, and in all nervous cases, sleeplessness, neuralgia, lumbago, colic, dysmenorrhea, and threatened miscarriages. I have also used it to control the violent action of the heart in fevers with the most happy result. My experience with chloral hydrate, so far, is so satisfactory that I give it the preference of all other medicines for all the diseases I have enumerated above.

Very respectfully,
M. G. H. NEWMAN, M. D.
Washington, D. C.

Neuralgia vs. Spasm of the Stomach.

EDS. MED. AND SURG. REPORTER:

In your issue of the 14th inst. the article on spasm of stomach, by Dr. Davis, of Indiana, I should call neuralgia of that organ. As he wishes clearer views of the case published, and its treatment, I contribute the following, in hope of answering this purpose, and for the benefit of others who may be thus perplexed. Shortly after I commenced the practice of medicine in this city, I was requested to see a widow about forty years of age, suffering from a like affection. At first she suffered only monthly, with violent pain in the præcordia, the attacks lasting several hours. I failed to prevent their return, and was succeeded by a number of physicians, including Dr. Granger, the homœopath, the second or third practitioner of that sort in this city, who prescribed, as she said, a large tea cup full of boiling hot molasses upon the accession of the attack. Two years elapsed, and from none had she experienced any relief, when I was again summoned to her bed side, upon which she was sitting, and said that she was now obliged thus to sit, in the most intense agony for six hours at a time, twice out of the twenty-four, every day, and wished me either to kill, or to cure her, as the attacks had gradually increased in length, and frequency, from the time I last saw her; without any respite.

A recital of her suffering history, means used, etc., together with my own examination, induced me to diagnose the case as neuralgia. I then prescribed ten drop doses of Fowler's Solution of Arsenic, three times a day, for three days at a venture. The disease was controlled, and the pains subdued immediately, so that on the fourth day I gave a Seidlitz powder to prevent œdema. She remained well for more than two weeks when the disease returned. She endured its painful exacerbations for three months rather than subject herself to the use of the poison again, having learned that it was the deadly arsenic. She was again as speedily relieved, and by the continuance of the remedy, in five drop doses for three months, she was permanently cured.

I have had a number of similar cases since, which I have cured in like manner. One of which I am happy to say was that of the late eminently distinguished and lamented Dr. VALENTINE MOTT. Some two years before his death, immediately after his arduous course of winter lectures, which had much debilitated him, I found him at the dinner table, of a Sunday afternoon, much exhausted, and suffering from "neuralgia or gout of the stomach"

as he said, unable to eat or take anything into his stomach, except fresh cream and a little claret, without the most intense agony. I informed him that if his pain was from neuralgia, I could cure him; but if it was from gout, I had nothing to say. As he was dubious about its character, I did not prescribe for him, but called the next day but one, on Tuesday about 5 P. M., to see how he was. I found him lying on the sofa in his office, his head reposing on his good wife's lap, suffering severely. In reply to the question about the nature of his complaint, I learned that he then thought it to be neuralgia; when I said, that although it might be considered presumptious, I had come up with the intention of curing him, such being the fact; but if it was of a gouty charaeter, I had nothing to say. He commenced with six or seven drop doses, as he could not bear more without nausea; and continued it for about a week or ten days, convalescing all the while, when he became well. He thought the effect upon him most happy, and really wonderful.

EDW. VANDERPOEL, M. D.

New York, May 18, 1870.

Dr. Spencer's Experience with Chloral.

EDS. MED. & SURG. REPORTER:

When a remedy promises so much as chloral hydrate, the medical profession have a lively interest in its good name. In the REPORTER of May 14th, Dr. H. A. Spencer gives his rather unsatisfactory experience with the drug, and calls for light from "other medical men." Try the remedy again Doctor. I cannot help suspecting your chloral was impure. To me the power of the drug is a never-failing source of wonder. But one has to get a little "way-wise" with every new therapeutic agent. Every powerful drug is altogether peculiar in its action, in many respects, no matter how much it may resemble the action of other drugs in its general behavior. I have found chloral a most excellent hypnotic. The sleep which it induces is so natural and pleasant that one of my patients, although acknowledging that she slept well after taking it, was quite inclined to look upon the sleep as a case of *post hoc*, and not of *propter hoc*. Her sleep "was so natural and so different from the effect of morphine!" Because of idiosyncrasy, I find that the drug fails entirely in some cases. But this has happened to me with chloral no oftener than with every other hypnotic.

Again the relation of chloral to opium is not altogether one of replacement. I look upon this circumstance as being so much the better. We have not got chloral *instead* of opium, but fortunately we have now got *both* opium and chloral. I never should have thought of using chloral in Dr. Spencer's third case,—that is with my *present* experience in the use of the drug. I know of no drug that will lay hold of the pain of "severe colic," or any other agonizing pain of spasmodic character, and annul the pain like opium. Perhaps, if I were to venture upon heroic doses of chloral I might think differently. But I do find chloral an excellent "soothing syrup" for babies and young children,—a capital hypnotic in the nervous insomia of adults, and an excellent anodyne in cases where the pain is only moderately severe. There are, however, some neuralgic cases, where even if the pain is very severe, it will yield readily to chloral. At present I am anxiously looking for a reduction in price and an increase in the purity of chloral hydrate. It is sold here now to patients for one cent per grain.

HENRY M. LILLY, M. D.

Fond du Lac, Wis., May 19th, 1870.

NEWS AND MISCELLANY.

Cod-Liver Cream.

A correspondent of the London *Pharmaceutical Journal* gives the following directions for preparing this new article:

"A quarter of an ounce of elect gum tragacanth, steeped in sixteen ounces of cold water for twenty-four hours—during which time it should be stirred occasionally—yields a fine, gelatinous mucilage, which, when mixed in any proportion with cod-liver oil and simply shaken with it, permanently diffuses the oil into particles, which in vain struggle for reunion.

"It is usual to mix the mucilage and oil in equal parts, and it is further only required to sweeten and add, as a preservative and savorer, to each ounce of the mixture, one drachm of spirit of wine, to which has been added a drop of essence of lemon, the same quantity of essence of almonds, and a trifle of oil of cassia.

"Thus is the *mélange* completed, and of so agreeable a flavor is the result, that to most palates it would be found to acquit itself creditably in comparison with an average custard.

Death of H. Gustav Magnus.

Heinrich Gustav Magnus, Professor of Natural Philosophy and Technology at the Berlin University, died on the 4th of April last. Magnus was born May 2d, 1802, in Berlin. During his long and distinguished career he has been one of the most prominent among German naturalists. His masterly researches on the phenomena of capilarity, on the absorbtion of gases by blood, on the motion of fluids, on the thermo-electric currents, on the decomposition by galvanic currents, are well known; among his discoveries are prominent those of ethionic, isethionic and periodic acids.

What Fruit-Syrups are Composed of.

On examination of a number of fruit-syrups, a chemist in Brussels found them to be grape sugar syrups, colored with aniline colors and flavored with a few drops of the common fruit essences. 200 grains of syrup were found to contain 0.05 grains of fuchsine, which is not without danger, on account of the arsenious and arsenic acid frequently contained therein.

Genuine fruit-syrups lose their color by chlorine; those colored with aniline derivatives give at the same time a flocculent precipitate, similar to that produced by ammonia in solutions of sesquioxide of iron. Sulphurous acid destroys the color of both; sulphuric, hydro-chloric, and nitric acid render the color of genuine syrups brighter, and change the artlficial ones into yellowish orange. Potassa decolorizes fuchsine syrups, while red fruit-syrups acquire a dirty-greenish hue. Carbonate of potash does no change the color of artificial syrups, while the others are colored green. Basic acetate of lead gives with real fruit-syrups a greenish precipitate, with fuchsine syrups a red one.

——Lum Ling Wau, a native Chinese physician, proposes to settle in New York and enter upon the practice of his profession. He brings with him his wife, an interpreter, Lu Sing; two Chinese apothecaries, Ah Mok and Ah Sam, and an endless assortment of drugs and medicines.

——Dr. J. S. Bigelow, of Boston, now eighty-four years of age, and George B. Emerson, of Boston, a well-known botanist, aged seventy-eight years, are now on a tour to the Pacific coast.

——The invention of soda water is ascribed to Dr. Hawkins, of Philadelphia, a blind chemist, who in 1812 made the first soda fountain in this country.

——A homœpathic ward is to be opened in the general hospital at Pesth, in Hungary.

——The French are so far ahead of us in some respects that they have already commenced the teaching of hygiene in the primary schools at Montfort, L'Amaury. Dr. Descieux has introduced it with great success, says the *Gazette des Hospitaux*.

——The Hot Springs of Arkansas are claimed by three different claimants. The property is estimated at about a million, and it is likely the lawyers will be as much benefitted by the springs as patients.

——In Vienna, last year, there were registered by the police 2,235 prostitutes. Their ages varied from 13 to 50 years. Of course ten times as many were not registered. The report recommends that syphilitic patients be admitted to all general hospitals, and under no circumstances refused, and discountenances the erection of special venereal hospitals.

——Professor Lordat, who for nearly 60 years lectured on physiology in the medical school of Montpelier, France, died the 30th of April, at the great age of 98 years. He had written largely on his favorite branch, his last work, on the "constitution of man," having been composed in his eighty-seventh year.

——A French society of a hundred persons have each, by special agreement, bequeathed their bodies to the dissecting room to forward the progress of the science of anatomy.

——Professor Rudolph von Vivenot, one of the most promising physicians in Vienna, died very suddenly recently at the early age of 36. The most careful autopsy failed to reveal the cause of death.

QUERIES AND REPLIES.

Pain in the Finger.

MESSRS. EDITORS: Will you, or some of your readers, advise me in this case.

Mrs. G. aged 35 years, nervous temperament, been married ten years, mother of four children, youngest six months old, began to complain three years ago of a pain on the ulna side of the ring finger, near the end. The painful spot is about the eighth of an inch in diameter. The pain has increased till at times it is intolerable.

There is no sign on the finger, and pressure has no effect, unless that painful point is touched. Cold or warm water will produce the pain. Some days it is free from pain unless something touches it. Then again it will be very severe all day. Active exercise will afford temporary relief. A blister between the shoulders afforded relif for ten days, but a reapplication had no effect. She was better during the latter part of last pregnancy. She has not menstruated since her first conception, but it does not affect her health, and suffers no inconvenience. I can find no local trouble to account for the pains. It never keeps her awake at night. J. I. GROOVER, M. D.

Georgia, May 1870.

Perforation of Bladder.

EDS. REPORTER: I was called the other day, to make a post-mortem, of a man who died three days after sounding for a stone in the bladder by a homeopath. No stone was present, but the bladder was completely perforated by the sound—the man dying of effusion of urine into the peritoneal cavity and peritonitis. Please tell me in your "Queries and Replies," where I can find reported any parallel case. H. M. L.

Wisconsin.

MARRIED.

PRICE—SHAW—On the 21st of May, 1870, at Natchez, Miss., at the residence of the bride's brother-in-law, Col. G. M. Love, U. S. Army, by the Rev. P. B. Dana, D. D., Rector of Trinity Church, Miss Frances S. Shaw, of Erie, Pa., and Curtis M. Price, M. D., U. S Army.

STUDEVANT—MCCOURTNEY—In St. Anthony's Church, Davenport, Iowa, May 10th, by Rev. M. Flavin, Mr. Harvey F. Studevant, and Miss Tillie McCortney, daughter of Dr. Jas. McCortney, of Davenport.

JONES—MILLER—May 12th in Washington, D. C., at Ascension Church, by Rev. Wm. Pinckney, Edward Jones, M. D., of Philadelphia, and Miss Maggie E. Miller, of Washington.

THE

MEDICAL AND SURGICAL REPORTER.

No. 695.] PHILADELPHIA, JUNE 25, 1870. [Vol. XXII.—No 26.

Original Department.

Communications.

SHOULDER PRESENTATION—VERSION IN THE POSITION ON THE KNEES AND BREAST.

By A. W. Lueck, M. D.

Of Mayville, Wis.

In the Amer. Journal of the Med. Sciences for April, 1866, Dr. C. C. Hildreth, of Zanesville, Ohio, calls attention to the facility of performing version in the above-named position. He says: "That it will be found decidedly the best position for this operation I am well convinced, and for the following reasons: 1st. We have the force of gravity to aid us. The weight of the child naturally drags the presenting part from the os uteri or pelvic cavity, and by so much relieves the impaction. 2d. The woman cannot, in this position, to any extent exert her voluntary muscles in bearing down. 3d. We get rid, in a great measure, of the superimposed weight of the abdominal viscera, and the resistance offered by the promontory of the sacrum, should any part of the child be impacted below it (as it happened to be in our case). 4th. The liquor amnii is much more certain to be retained until we accomplish the version. 5th. The uterus, with its contents, recedes from the spine, and by force of gravity tends to relax the abdominal muscles, and hence favors our manipulations." The soundness of the above remarks we had occasion to test a short time ago.

On the morning of May 17th, 1870, we were called to Mrs. G., a German woman, of small stature, though stout built, aged 35 years. We found her in labor with her sixth child, and learned the following history: The birth of the previous five children had been real easy; however, she never had known the water to break; so yesterday, at 11 o'clock, A. M., while tending to her household duties, she all at once noticed a splashing of water from her person. Being much frightened, and not knowing what to make of it, she called in a neighboring woman, who told her that this was the rupture of the "waters," and that she would be confined soon. During nights, labor pain set in, and became quite severe during the latter part of it. On examination, we found the left hand of the child reaching out of the vulva as far as it possibly could. Closer examination revealed the face of the child in the right iliac fossa, and the shoulder joint far down in the lower strait. The contractions of the uterus were still very strong. What was to be done? Version!! But how to perform it, after the liquor amnii had been drained off for nearly 24 hours, and the uterus had forcibly contracted for over 12 hours? We first tried to turn in the usual position: the patient on her back, at the edge of the bed, &c. But we found the child so wedged in between the bones of the pelvis, that it was impossible to introduce our hand into the cavity of the uterus. We then happily remembered the suggestions of Dr. Hildreth, and changed the position of our patient into that of the breast and knees. We were really surprised how easily we now could introduce our hand, and by gentle manipulations, we readily lifted the child out of the pelvis. The feet were comparitively easy found, but the turning was not so easy, because the uterus seemed to be wrapped around the child as tightly, as a bandage around a broken limb. However, we succeeded after a little while with the operation, so that after three-fourths of an hour since our arrival, thebabe was born. It was dead, and had evidently been so for several hours.

Our patient stood the operation very well, but when it was ended, she complained of chilliness, and became cold and almost pulseless. Stimulants were liberally administrated, but it was not till after five hours that reaction fully took place. We now repented not having given her an anæsthetic before version; the shock would certainly have been less, and the operation might perhaps have been facilitated by it (that is, if the uterus relaxes under the influence of an anæsthetic). For us, this case has another point of interest, and we will point it out here, in order to save a fellow brother from a similar blunder. Before commencing any obstetrical operation we always ascertain how long since bladder and rectum have been emptied, and when this has not been done shortly, we relieve them. So in this case we did not forget to make the inquiry. The answer was: "I have just passed water a little before your arrival." We took this for "legal tender"—which we ought not to have done—and did not introduce the catheter. While turning, we noticed all at once the emptying of the bladder of about six ounces of urine. We now thought of nothing less then of having caused a rupture of this organ, and thus having produced a vesico-vaginal fistula. Happily we were mistaken. Our patient is well, out of bed, and perfectly "sound." However, this occurrence has impressed us so deeply, that we will never trust any patient's statement, but will see for our selves.

Medical Societies.

MINUTES OF THE MEDICAL SOCIETY OF THE STATE OF PENN'A.

(*Continued from page* 521.)

AFTERNOON SESSION.

The body assembled again at 4 o'clock.

On motion of Dr. Atkinson, Drs. H. F. Askew and L. P. Bush, of Delaware, who were present, were invited to seats with the Society.

On motion of Dr. Curwen, it was resolved that in the future a business committee of three be appointed, to whom all matters shall be referred before being brought before the Society for action. Committee, Drs. Curwen, Green, and J. L. Atlee.

Dr. Cummiskey offered the following amendment to the By-Laws: Art. 2, Sec. 2, after Committee of Publication, add "to prepare from the reports of the County Societies a statistical State report, which shall present in brief and together all the points of interest contained in said reports, and that the committee shall have discretionary power to publish or not, any or all of the papers referred to it, excepting only those recommended by the standing committee."

Dr. Mayburry having objected, it laid over.

Dr. Atlee then called up for the consideration of the body the order of the day, namely, the resolutions relating to the female college.

The reading of the rules and regulations of the State Medical Society bearing on the question was called for, and the same were read.

The report of the Committee on Nomination was then received. The following nomination were announced for officers for the ensuing year: President, Samuel D. Gross; Vice Presidents, Joseph Parrish, of Delaware; Wm. R. De Witt, of Dauphin; Thos. A. Hull, of Columbia and Montour, and George D. Bruce, of Allegheny; Corresponding Secretary, Lawrence Turnbull, of Philadelphia; Permanent Secretary, Wm. B. Atkinson, of Philadelphia; Recording Secretary, J. M. McVicker, of Lycoming; Treasurer, Wm. Mayburry, of Philadelphia. Place and time of meeting, Williamsport, the second Tuesday of June, 1871.

The report was then received, and the committee discharged.

Dr. Stetler then called for the reading of the resolutions of 1868, bearing upon the subject of Dr. Atlee's resolutions, and for all other information upon the subject.

On motion, it was agreed that no one should speak longer than ten minutes at one time, or more than twice.

Dr. Mayburry spoke in favor of the immediate settlement of the question. The question had been settled time and again, but it seems as if the agitators of the subject were not yet content, but must bring it up again. The resolutions offered by Dr. Atlee have, in substance, been voted down before at various times. These gentlemen will not be satisfied, it makes no difference how often we affirm or reaffirm our position on this mixing of female doctors with regular physicians. They won't be satisfied with what passed at Pittsburg, and was brought up again at Harrisburg, and now is brought up here again.

Dr. Hamilton, of this city, said: I am very sorry that this matter has not been passed upon just as plainly as it was in the remarks of the gentleman who made the introductory yesterday [Dr. Meigs] I was in hopes the whole matter would be passed. I have heard with pleasure the remarks of the member of the Philadelphia County Medical Society. I do not accuse the gentleman who introduced this paper of wilful slander of the Philadelphia County Medical Society. It amounts to it. It is detrac-

tion. I know he is humble and honorable, but he is impulsive and ardent on this subject, and I think sometimes he is a little offensive. Now, as to the action of the Philadelphia County Medical Society, I think I understand it. I was once President of the society. The resolution was passed by that county society, I do not know how many years it is since, in reference to this matter of *female practitioners*. The county society did pass such a resolution, and they passed it by a very large majority indeed. I think it was nearly unanimous. Now, it has been asserted in reference to the female college, that they possess a permanent membership, and that they give (this is stated by Dr. Atlee) a course of culture of the highest possible description, a culture equal to what one school of Paris can give, an education equal to that to be attained at Vienna and Berlin.

Dr. Atlee—I did not compare them with any institution of foreign countries. The institutions recognized by that society are those that we recognize.

Dr. Hamilton—The words were "highest culture possible"—a general expression.

Dr. Atlee—It don't refer to the persons associated with the college, persons who are refused consultation by this society. I still reiterate, I hope the gentlemen will use my expression.

Dr. Hamilton—I wish to do so.

The reading of the preceding action in reference to this matter was not agreed to.

Dr. Hamilton then proceeded as follows:

Mr. President: I was about to state how it was that at this time this female college could have attained to such proficiency. It is but a few years ago, well known to Philadelphians, when they might be looked upon as a shame and a disgaace as a medical college. I am convined that two or three more of the "irregular" colleges have more information in them. How it has changed in so short a time I do not know. I am very well acquainted with some of the professors. I do not know more than two or three of them who can be said to be persons of sufficient information to occupy chairs of that description. One alone may be admitted to be an eminent man, and you all, I presume, know to whom I allude.

There are others whom I presume are no better than they were many years ago. Now I wish to state, notwithstanding the declaration in reference to the high qualifications of this female medical college, that I have not long ago met with two or three prescriptions, written partly in Latin, partly in English, and partly in a Latin that I presume she understood, but no Latin scholar could understand. This was written by a female practitioner of great celebrity in this city. Now it is only a very short time since I saw another prescription by one of the female professors; it was in the same condition. I do not see how it was possible that this college could have acquired such a celebrity in so short a time. The speaker continued at length in the same vein, and was followed by

Dr. Parrish, of Delaware, who spoke as follows:

The gentleman who has just declared himself, sir, speaks as though there were no other society than the Philadelphia County Medical Society. There is a constituency, and a very large constituency, repr e-represented here from the Commonwealth of Pennsylvania, and in our little homely county society, sir, this question has not assumed the importanc e and magnitude that it has in the Philadelphia Medical County Society. We do not propose in our little organizations, and in our little country homes, to be influenced, much less to be controlled, by resolutions passed by the Philadelphia County Medical Society. [Applause.] We assure you, sir, that the question of female doctors is a settled question with which we have nothing to do; it does not belong to the county societies anywhere, nor does it belong to this society to determine what colleges throughout the country are to be recognized as legitimate or illegitimate. The American Medical Association, of which most of us perhaps are members, has issued a code of ethics which all of us in our societies recognize as sound, and as the only sufficient rule of our faith and practice, so far as professional intercourse with each other and the community is concerned, and if the Philadelphia County Medical Society chooses to adopt another code, or impose upon its members restrictions which that society does not impose, it is for that society to attend to their own affairs. [Applause.]

Now, sir, I appeal to the country gentlemen who have come here from the hills and the valleys of this Commonwealth to know whether we, upon the principle of common sense and common probity, in our intercourse with each other, are to be shackled and manacled by this sort of restriction which the profession all over this continent do not recognize. The Pharmaceutical Association at Washington, representing all portions of the country, recieved delegates from the Women's Medical College. And is Dr. Stillé, the president of the American Medical Association, and professor in the University, and physician to the Women's College, to be ignored by us? And are you and I not to be permitted to consult with him, where his advice may be necessary, because he has committed this unpardonable sin of doing something that the Philadelphia County Medical Society thought he ought not to do? Now, there is a sentiment which is higher than the sentiment of this society—it is the public sentiment. There is a law which is higher than the law of this society—it is the law of right [applause], and of common honesty, and common probity among men, in and

among women. Now the question of women doctors is not the question for us to settle. But there will never be many women physicians in the world. The functions of a mother, and that of a practitioner, especially in the country where we live, are not exactly compatible; but it is an inevitable fact that there are women who enter it as students, and that these students graduate, and that they graduate under the same auspices as those under which you and I graduated, and that they are in the profession as practitioners; and the question comes down to us, as members of this society, whether we shall divorce ourselves from association with the profession everywhere else for the sake of gratifying the prejudice, to say the least of it, against women doctors. Now, let the women practice, sir, and if you do not choose to consult with them, do not; but if I choose to do so let me do it. But whether you pass a law that I shall do it or not do it, I will, if I choose, and that is the sentiment of the profession everywhere. [Loud and long-continued applause]. There is no law that you can make, there is no law that this society can adopt, that will prevent the instincts of our common nature from having play; there is no legislation in which you can engage, there is no legislation which we can adopt, which will cripple the common sense of the people of the country and the common sense of the profession. Do the instincts of our gentlemanly deportment and character as men and medical gentlemen require of us, when a practitioner of medicine, be he a man, or be she a woman, comes to us with proper credentials, and asks our advice and assistance over a case of infirmity, sickness and probable death, to fold our arms, with all the dignity that we receive from this body, and let them go by the board, and say we will have nothing to do with them because they are women? To say the least of it, it is undignified, ungentlemanly, and unbecoming to our high and honorable profession. [Applause].

Now, do not understand me to be here as advocating women doctors. I deny women doctors. I am here as a physician—a member of this society. I find my rights infringed upon. In an association of which I am a member, and in the college of physicians of which I am a member, I find myself at liberty to decide who shall be our companions, counsellors and friends; but when I come here, sir, I am humiliated with the thought that in my native State, and under the shadow of these walls where my father presided, amid his compeers and associates, honored and dignified members of the profession in this city—I should crawl at the feet of a wretched prejudice, and become a slave to it, and dishonor my manhood, and say I submit to any such requisition. In addition to what has been said, am of the opinion that this matter of the duties of the delegates and permanent members of the association outside of the Philadelphia County Medical Society have nothing to do with the question. Let them settle this thing among themselves.

Dr. Bell then said: I am competent to judge for myself. I can pursue what course I deem best. I suppose that some are opposed to woman's rights. But we, who are opposed to this doctrine, are their true friends, their loving, conscientious, sensitive friends. We want to protect their innate modesty and reserve from all indelicate and improper contact, and give them full justice. We all admire the exhibition of female talent in the arts and sciences, in the matter of history, and in all departments; but these ladies have been prevented from attending to their home duties, and their family occupations as mothers and wives. Women now are not satisfied as in former periods. They must run and ask for suffrage, and all the annoyances which must be expected from such associations. I have myself heard in early life of a woman who was a soldier in the French army. The Emperor of the French did not think it best, on the strength of that, to enlist women in the army. That would have been something to the purpose.

The resolution appeals to our fears, but our reasons, I think, would be the thing to touch in opposing these women doctors. I mean on physiological grounds, and on the ground of their sexuality. Their only chance of success will be in making a vow of celibacy, for otherwise, if a woman be married, how can she be an active member and a practitioner in the state of pergnancy? How would she be in the parturient state—what as a nurse to her own child? If she leaves her home early in the morning, what nourishment would her child draw from her breast? It would necessarily be poison. She comes back wearied, worn, and jaded by all the scenes of practice. No, I say they should stay at home and attend to their chamber matters.

Dr. John L. Atlee, of Lancaster next spoke, and said: I had made up my mind not to say a single word upon this subject, but it seems to me, sir, that a great deal that has been said upon this subject is wide of the mark. It is not taking the question upon its true merits. I will say when the code of ethics was prepared nobody thought there would be a female medical college, and that is one reason why the male sex were only included in it. The grounds upon which we refused to acknowledge the standing of the female graduates was based upon the irregularity of the female college when it was first established. They had a faculty, some members of which were not in good standing generally with the profession.

But what is the position of things *now*, for we live in an age of progress, and we cannot ignore it? We must admit it, and the state of things is exactly

this: Here is an institution which the gentlemen opposed to this question cannot deny as regularly organized. It has a regular corps of professors, it gives clinical instruction, it requires a three years course of study, it requires all the rules and regulations to be complied with that are recognized in any of our colleges, and which are recognized by the American Medical Association.

Now, sir, can we deny them the rights and privileges of the profession, and exclude them from consultation and advice? Shall I refuse my assistance to a young lady who has been regularly and honorably educated? Shall we refuse the benefit of our experience to her? It is inhuman; it is not in accord with a liberal profession at all. [Applause.] I have had my feelings most painfully wounded because I wished to live up to the code of ethics. I was called some time ago to visit a very sick child—a case of cholera infantum of a very aggravated character, by a lady whom I believe is as intelligent as most of the graduates of the school. I said to her, "Madame, I am very sorry I cannot consult with you." She said, "I know you cannot, Doctor." "If you will put the case into my hands I will take charge of it." The child was very ill, and it was a case of great responsibility. She cheerfully resigned the case into my hands. But are we to place them in that position? Is it right? Let us deal equal and exact justice to all, without regard to color. [Applause.]

The debate was further continued at some length by Drs. Hamilton, Mayburry and Corson, of this city, and Dr. Heysham, of Delaware county. Our space will not permit of an extended report of this debate, which is, in addition, of but little interest, as containing merely in a new form the arguments and sentiments as expressed by the gentlemen whom we have reported nearly in full. The society then adjourned to meet Friday at ten o'clock.

COLLATION AND LECTURE.

In the evening, at the University of Pennsylvania, the various delegates partook of a fine collation in the hall of the Department of Arts. A large number of ladies were also present, rendering the scene one of mutual enjoyment and pleasant social intercourse. An excellent orchestra, stationed at one of the windows of the Medical Department, also rendered some fine music.

After the collation, the large number of gentlemen and ladies present were treated to an exhibition of electrical, magnetic and other experiments, by Professor R. E. Rogers, who was assisted upon this occasion by Dr. George M. Ward. The experiments were of the most brilliant character, and elicited in their exhibition warm applause from the spectators present.

THIRD DAY.

The society reassembled at ten o'clock Friday, June 10, the President, Dr. Wallace, in the chair.

The President of the Schuylkill Medical Society, Dr. James S. Carpenter, rose to a personal explanation in regard to a report in a morning paper that the members of the society had been tampered with. He denied the statement.

The President refused to hear any debate upon the subject.

Reports from county societies were called for, and presented from Erie, Philadelphia, Columbia and Montour, Fayette, Cambria, Greene, Dauphin, Allegheny, &c.

The reading of the minutes was, on motion, dispensed with.

Dr. Green, from the Standing Committee, reported progress, and asked for an extension of time, which was, on motion, granted.

The society then proceeded to the discussion of Dr. Atlee's resolutions, offered in the morning's proceedings of the previous day's session.

On motion, Dr. John Curwen was invited to read a communication on the subject of insanity at twelve o'clock.

The following preamble and resolution was offered by Dr. Hiram Nye:

WHEREAS, The question of admitting women to membership in the society, with all its resulting privileges, on the standard of equality, continues to be a source of fruitless discussion, without hope of arriving at a conclusion satisfactory to all; therefore

Resolved, That everything pertaining to the said question be stricken from the entire transactions of the State Medical Society, and that the resolution before the society be laid upon the table.

Upon objections being made by Drs. Mayburry and Nebinger the resolution was withdrawn.

The following substitute for Dr. Atlee's resolution was offered by Dr. Parrish:

WHEREAS, The College of Physicians, of Philadelphia, and the American Medical Association, acknowledge a common code of ethics as the standard of intercourse between members of the medical profession and the community; and

WHEREAS, The said code is generally received as the sufficient rule of professional conduct by most of the county societies of this State, as well as by the profession at large; therefore

Resolved, That all action of this society, which has imposed upon its members restrictions that are not required by the common code, which is acknowledged by the entire medical profession of the continent is, in our opinion, unwise and unnecessary, and all such action is hereby repealed.

Dr. Cummiskey moved to lay the substitute upon the table. Lost.

Dr. Corson rose to explain a remark made at the close of the previous day's proceedings. He had then stated that there were two colleges for the medical education of women, in one of which the instruction was of an irregular character. This was not to be construed as applying to the Female Med-

ical College, which was now applying for recognition from this society.

The question then came up upon the substitute of Dr. Parrish, and it was declared carried by a small majority.

Dr. Mayburry called for the yeas and nays.

Dr. Jno. L. Atlee, of Lancaster, objected to the call as unparliamentary, and some discussion followed upon the point of order raised, which was finally declared by the chair to be not sustained.

The yeas and nays were then taken, and the vote announced as follows: yeas 57, nays 53.

The resolutions of Dr. Atlee accordingly fell, and the question upon the adoption of Dr. Parrish's substitute again came up.

The following amendment was offered by Dr. Whiteman:

Resolved, That the substitute offered by Dr. Parrish be referred to the several county medical societies, with instruction to report thereon at the next meeting of the society.

Dr. Corson spoke in opposition to the reference contemplated by Dr. Whiteman's resolution. We want a vote on Dr. Parrish's substitute, and thus decide the question at once. Such a reference would fail, as it had before, and the various counties would neglect to pass judgment on the matter.

Dr. Parrish declared his intention of pressing his substitute to a final vote. The amendment of Dr. Whiteman was essentially an act of cowardice and an evasion of the issue.

The question was then taken upon Dr. Whiteman's amendment, which was lost.

The question was then upon the final adoption of Dr. Parrish's substitute.

Dr. Gross then spoke as follows: The question upon the subject of the admission of woman doctors makes its appearance like an intermittent fever. I am not quite certain whether I am a male doctor or a female doctor. It seems that the world is upset. The natural order of things is subverted, and women seem to be aping the character of men and men that of women. Politicians and strong minded women are at the root of this movement. [Mingled applause and hisses.] It is for their own selfish purposes that they urge this matter, and not for the good of the community or any body else. The Sorosis is working through the country seeking to push their sisters into the walks of life which naturally belongs to man. The result is a degradation of morals and religion, and everything else which we hold dear. [Loud applause mingled with hisses.]

Woman was taken from the side of Adam to show that her duty and promise was to lean upon man for time to come. Woman is the last, the most perfect creation. I worship her as I worship deity itself. But when she degrades herself and falls from the purpose of her creation, I pity her, and that is all. Now, what is the need of a woman's college? And who are the teachers in this college? A number of them are male teachers. I respect them as gentlemen, but I pity the motive which makes them in act this position. I have no objections to women studying medicine, but I feel she has departed from her proper sphere. Let her do as she pleases, but I would limit her to the practice of midwifery and the diseases of woman. When she goes beyond this she becomes a general practitioner. But has she intellect enough to penetrate the deep things of the higher departments of medicine? She is a delicate being, not designed to occupy such a position. She cannot meet the duties required of her as a full practitioner.

The questions before this body are two. One of them is substantially settled. I have a list of the faculty of the Female Medical College, comprising gentlemen with whom we are all acquainted. The question of consultation with women is therefore practically settled in this city. So it is in New York. These gentlemen consult with women contrary to the rules of their societies. Why do they not resign, or why are they not expelled? [Applause.] They wish to be enshrined with the character of martyrs. But we do not wish by expelling them to place them in a position so designed to excite sympathy. So we are in this anomalous position in regard to these gentlemen. Now, if I belonged to a society whose rules and regulations I had violated in this manner, I would have sufficient self-respect to withdraw from it. [Applause.]

We must either ignore these gentlemen or endorse them, one or the other. If we let things go on as they are we must endorse them; if we expel them, we thus manifest our opposition. We meet many of these gentlemen every day on an equal footing, and thereby virtually acknowledge them and their course. I have not the slightest objection when they are thoroughly and capably qualified. The Woman's College is a recent institution, and founded on quackery. It has established no prestige or produced no great works in the way of scientific or literary contributions to medical progress. When we find that these women are educated properly, the question of their admission will properly come up. Reference was made yesterday to Madames La Chapelle and Boivin, in France, in my comparison with the female practitioners in this country. They were great women, indeed, but merely midwives, and not general practitioners.

The Professor of Surgery in the Jefferson College stated that while in Paris he inquired about the status of female practitioners in that metropolis of the world, and he was told by a celebrated professor that in his observation a class of them were abortionists. In reference to mixed clinics, the sitting of men and women in the same room, witnessing

the same operation and procedures without one blush at the sacrifice of womanly modesty and decency, which we all so much admire, is a matter of great humiliation to me. I was present at an amputation of the hip joint at the Philadelphia Hospital. There were 400 men present, and among them sat nine young women, witnessing without a blush the exposure of the person, and spectators of an operation which they would never be called upon to perform. It was a prurient and itching curiosity which called them there—nothing else. In another clinic a man was introduced in a nude state, covered with syphilitic sores, and the young women present witnessed it again without a single blush.

We are living in an age of progress. We, on this side, are regarded as "old fogies." I appeal to the gentlemen if I have not always been in favor of progress. [Applause]. Certainly it is an age of progress, as is a railroad locomotive in a state of progress when it runs off the track, which can scarcely be called an improvement, although it is progress. So the tendencies of this Sorosis and its offshoot, this female doctor business, exhibit progress, but progress downwards and to the destruction of the best qualities of women and of the social fabric.

Now, in regard to the colored man. I love the colored man, and I sympathized with him in bondage. But allow me to say, in passing, that his masters, to my knowledge, always treated him well. I lived in a slave State for many years, and never saw but two or three cases of cruelty. The negro is now studying medicine. A delegate said yesterday that he would glory in associating with him. So we must some day. We must look the thing in the face, black as it may be. [Laughter and applause].

But the agitation of this subject is by men who have a political interest in the matter, men who do not love the negro half as much as I do, men who would sacrifice the white man and the white woman in behalf of the negro. [Applause.] What has the negro done to entitle him to recognition by the medical societies? Has he shown any capability for scientific attainment? Has he contributed anything to medical science? He has not. He is merely pushed forward, as I said, by politicians whom I hate and despise. It is time enough for them to ask for admission when they have made some progress.

Dr. W. H. Bradley, of Bloomsburg, objected to to the introduction of a political subject, but was hissed and stamped down.

Dr. Gross then concluded amidst immense applause.

Dr. Atlee, of Lancaster, did not wish to be placed in a false position, as he had been by the preceding speaker. I agree with Dr. Gross in the arguments which he has advanced, but the question of the eligibility of the female is not the one before us. The question is, shall the alumni of a medical college regularly established, like this, be placed on an equality with all the quacks and irregular practitioners of the country? The gentleman has talked wide of the mark. *The true question is: shall we ignore the alumni of a regularly organized college?* The female practitioners have no government. No wonder they became abortionists. I claim that it is right and expedient that we should receive these women among us, and give them the benefits of an organization. Consult with their alumni as you would with your own brethren. Give them a character in the community. Are the gentlemen practitioners afraid that the women will take away their practice? All that we wish is that they shall be amenable to the laws laid down by the profession, and nothing else. I do not think that they are fit for practice in all departments of medicine, but we must acknowledge them as regular graduates. They have the *prima facie* right to practice as well as we.

Dr. Gross—The logic of the gentleman is curious. Women are not as competent as we, he says, but yet we admit them to a perfect equality with us. The women are able to take care of themselves in this age of progress. Allow me to say that popular opinion is right on this subject, as it has proved to be efficient in the case of the opposition to mixed clinics at the hospital. It is the sentiment of the thinking moral and religious element of this city and of the continent.

Dr. Bell—This substitute of Dr. Parrish is a dodge and a side issue.

He continued in the same vein of unalterable opposition to the substitute named.

Professor Green, of Easton, spoke in advocacy of the admission of women to all the rights and privileges enjoyed by men. Women now occupy the chairs of professors in Italian colleges. So throughout all Europe the medical schools all receive women into full rights. The movement is not an outgrowth of the Sorosis. I deny the imputation

In regard to the resignation of those gentlemen who had consulted women, they ought not to resign. An unjust law should not be respected, and others will not respect it. The law must be repealed. The society dare not enforce it because public sentiment is against it. It dare not expel any one of these gentlemen. I say it dare not, whatever other gentlemen may have said who have spoken here. We only ask that the matter may be left to individual settlement. I am for the repeal of the old act. If you do not give it to us this day, the same gentlemen will stand up for the repeal of the law as long as they live to be present at the future deliberations of this society.

Dr. Nebinger said that the question had been substantially settled before. The American Medical Association has time and again refused to acknowledge female colleges as at present constituted. I dare any gentleman to gainsay my statement. This is not the place to fight this battle. Go to the National Medical Association and try your success. You have failed there. We are asked to stand by the code of ethics. This comes with an ill grace from the advocates of women's colleges. We on this side have stood by that code. Listen to the words of one of these friends of female medical colleges, "I shall do as I choose."

Dr. Parrish understood himself as referred to, and denied using the words in the sense implied.

A slight discussion followed, after which Dr. Nebinger continued to say that the County Medical Society had been on trial yesterday. He had the honor to belong to that society. That society had the honor of first exciting the attention of the public to that venomed and foul thing, the Woman's College. At that time several physicians of the city were contributing their support to that corrupt institution by consulting with the faculty and alumni of the college. We of the County Medical Society have been the best friends of this college. At that time one of the faculty was a Homœopath, another a vender of quack medicines. In exposing these the society rendered the college an invaluable service, for which they deserve a vote of thanks. The same appeals made yesterday in behalf of suffering humanity have been made every time the subject has come up for consideration.

If women are to be educated and be made doctors, I for one would offer them every facility to fully qualify themselves for the high and important duties of the position. Last fall, at the time of the mixed discussion, I sent a communication to the *Press* containing the same sentiments and advocating that they should be admitted to clinical instruction, although not a *mixed* clinical instruction.

We have opposed the abuses in the Female College before, and it has been effective in weeding them out. If we may judge the future from the past the time will come when the institution will be one which we can receive into all the privileges and rights which we now ourselves enjoy. Are the advocates of the college afraid to wait? They have been defeated in the National Association, and they came here now imploring and appealing to us for succor. They dare not go to the National Association. Let them carry it there and abide by the decision of the highest tribunal in the Medical profession. It is true that one of the faculty of the Female Medical College has been elected President of the National Medical Association. That gentleman declared, on becoming a member of this society, that he would stick by the rules and regulations of the Society. In becoming recusant to the code of ethics he violated the promise which he had made. The American Medical Association did not inquire into the fact of the gentleman's violation of the code, and in not doing so, and in electing the gentleman, they made an egregious blunder. The speaker then referred in terms of praise to the honorable action of Dr. Hartshorne, in regard to his connection with the Female Medical College and his relation to the National Association. After a few other remarks the speaker moved that the entire subject be laid upon the table to await the decision of the National Medical Association.

Dr. Corson, of Montgomery County, said that he hoped that the gentleman would not press his motion to lay upon the table, as it was the third time in different years that this same gentleman had made a similar motion, and thus cut off all debate. The motion was a cowardly one, and was made because they feared to hear from the friends of the measure.

On motion, the address of Dr. Curwen was, at his own request, indefinitely postponed. The paper was to have been read at 12 o'clock, but the time was overrun in debate.

The question upon Dr. Nebinger's motion to lay the substitute upon the table was then taken up, the yeas and nays resulting as follows:

YEAS.—A. M. Pollock, T. R. Vankirk, T. W. Shaw, W. F. Knox, G. W. Langfitt, R. C. Foulke, R. W. Christy, J. Fay, R. Clark, D. M. Weidman, J. F. Ross, M. B. Mosser, S. P. Ziegler, J. Lowman, J. M. Allen, H. F. McGowan, W. D. Martin, J. R. Umberger, H. B. Buehler, D. C. Keller, C. B. Bigelow, A. Nebinger, W. M. Welsh, A. G. B. Hinkle, W. L. Knight, G. Hamilton, N. L. Hatfield, Nathan Hatfield, J. H. Smaltz, J. G. Stetler, J. Aitkin Meigs, T. J. Yarrow, J. R. Wells, J. Bell, A. M. Slocum, G. P. Sergeant, P. B. Breinieg, Henry Carpenter, L. H. Laidley, N. Packer, J. S. Carpenter, J. W. Dongee, W. B. Erdman, S. D. Gross, W. Mayburry, W. H. Pancoast, W. B. Atkinson, W. M. Wallace, L. Turnbull, H. St. C. Ash, J. Cumminskey, D. J. Dunglison, A. Fricke, W. H. Bunn, J. D. Ross, J. H. Wenher, Joseph A. Landis, C. S. Boker, J. G. Maxwell, S. R. Morris, C. C. V. Crawford, A. S. Jordan, A. H. Fish, D. M. Cheston —63.

NAYS.—W. J. Gillmore, J. Semple, T. J. Gallaher, W. N. Miller, G. D. Bruce, W. B. Hezlep, W. S. Husselton, R. L. Walker, H. T. Coffey, J. C. Maggini, Edward Mills, G. F. Horton, T. S. Macpherson, H. Nye, C. Irwin, B. Thompson, T. C. Coxe, R. L. Sibbet, W. F. Robinson, T. R. Hall, W. H. Bradley, J. P. Worrell, W. B. Ulrich, C. A. Rahter, W. Varian, T. D. Myers, J. P. McVicker, W. L. Atlee, H. Lennox Hodge, William Corson, D. Schrack, G. Underwood, Trale Green, J. L.

Atlee, F. F. Davis, G. B. H. Swayze, D. McKennan, J. R. Wilson, W. R. Finley, H. Corson, J. Curwen, J. N. Kerlin, Joseph Parrish, J. N. Evans, Benjamin Lee, T. F. Oakes, J. S. Crawford, T. Lyon, E. Hellyer—49.

The substitute offered by Dr. Parrish was accordingly laid on the table.

Dr. Parrish wished to know if all the permanent members had paid their fees.

He was declared out of order.

The society then adjourned until 4 o'clock.

AFTERNOON SESSION.

The society assembled again at 4 o'clock.

A communication was received from the Board of Censors, that Dr. John W. Cobb had been recommended for expulsion from that body for unprofessional conduct in the circulation of handbills for a secret nostrum.

The communication was received and approved.

The following preamble and resolutions were presented by the Secretary, and adopted:

WHEREAS, At the meeting of the American Medical Association, recently held in the city of Washington, the following preamble and resolutions were unanimously adopted, to wit:

WHEREAS, Hospitals in their primary design were provided for the sole purpose of the cure and relief of the sick and afflicted; and whereas, medical instruction, where it is given in them, has been engrafted thereupon at the instance and by the voluntary agency of the physicians and surgeons, who, at the cost of much additional labor and inconvenience, have literally devoted to their subject their talents and their time; and whereas, furthermore, it is through the instrumentality alone of a profession which is doing far more for suffering humanity than any other class of the community that they are enabled to accomplish the benevolent object of their establishment, it is therefore

Resolved, As the judgment of the American Medical Association, that while all that relates to the general management of hospitals, the accommodations, board, comforts, etc., etc., of the patients, appertains legitimately to the managers of those institutions, the subject of medical instruction is properly neither within their province nor within that of the contributors, but in right and in courtesy belongs, with all its accidents, exclusively to the medical staff, by which, in the laudable desire to make such charities tributary to the diffusion of professional knowledge, and thus of accomplishing the utmost good of which they are capable, it was originally begun, and so far as they are concerned, has been gratuitously given, the fees to which the lecturers are justly entitled having been in many instances, if not in all, generously relinquished to the hospitals with the view either of founding libraries or extending in some other way their capacity for usefulness; also

Resolved, That it be recommended to the societies in connection with this association to take such measures as they may deem expedient to promote just views of the relations which should exist between the medical staff and managers of hospitals, and of the obligations which they reciprocally involve; it is therefore

Resolved, In accordance with the recommendation of the association, that this society reaffirms the sentiment contained in the above preamble and resolutions, as a just and proper assertion of their rights and dignity, independent of the profession.

The nominations presented in the first day's session were acted upon by the society, and the gentlemen nominated were unanimously elected.

Dr. Gross was conducted to the President's chair by Drs. Pancoast and Nebinger.

Upon taking the chair he made a short address of thanks, which were loudly applauded.

Dr. R. L. Sibbet, of New Kingston, by the invitation of the Society, presented an instrument designed by himself for the purpose of performing the operation craniotomy.

On motion the doctor was requested to furnish a description and drawing of the instrument for publication.

Resolutions of thanks to the retiring officers, the various societies and institutions which had entertained the delegates of the society, to the Faculty of the University of Pennsylvania and of Jefferson College, and to the societies and individuals to whom the societies were indebted for kindnesses and hospitalities received during its deliberations, were unanimously adopted.

A resolution extending the thanks of the society to the reporters for the faithful manner in which they had performed their duties, was offered. Unanimously adopted.

Various notices and invitations were received and read.

The society then adjourned to meet in Williamsport upon the 7th of June, 1871.

RECEPTION AND BANQUET.

The last evening, at the Girard House, the Medical profession and invited guests were received by the Committee of Arrangements. The fair sex lent their graceful presence to the scene, and an excellent band discoursed some exquisite music. At 10 o'clock the guests proceeded to the banqueting hall, where was set a board covered with all that a gustatory imagination could picture or a refined taste demand. Amidst the clink of knives and forks, and the not unfrequent pop of the cork of the champagne bottle, the greatest joviality and good feeling prevailed, and all was as merry as the god Comus himself could desire. The usual toasts were proposed, and humorous speeches made by the newly elected president of the society, Dr. Gross, and by Rev Dr. Beadle, and others. It was at a late hour that the company finally left the joyful scene, exceedingly delighted at the success of the entertainment.

——Dr. Ludwig Gross has been appointed surgeon-in-chief of all the railroads in Hungary. A good idea.

Editorial Department.

Periscope.

Cure of Chronic Gonorrhœa, Gleet, and Leucorrhœa by Ice.

Gustav Adolph Abrath, M. D., Medical Officer to the Hospital for Foreign Seamen, Sunderland, writes to the *Medical Times and Gazetté* on this subject: There is no disease with which the Medical Practitioner has to deal more troublesome in their nature or more persistently chronic than inveterate gonorrhœa, gleet, and leucorrhœa. Although in the majority of cases they are amenable to treatment, yet instances occasionally occur which baffle our therapeutical efforts, however skillfully selected and perseveringly continued, until at last the unfortunate patients lose confidence in their professional advisers and become a ready prey to charlatans and quacks. Any additional remedies, therefore, which experience, from time to time, may add to those already in use against these affections, will no doubt be received as valuable contributions to our stock of practical knowledge. Acting under this belief, I now venture to introduce to the notice of the Profession the efficacy of ice in chronic gonorrhœa, gleet, and leucorrhœa. In my experience it has proved most successful.

He gives several cases, and adds that other cases of a similar nature were also treated by him in this manner, and all successfully. In all cases, nevertheless, the general health of the patient should be carefully inquired into, and the presence of any complication ascertained, and then a suitable general treatment should be combined with the local. The method of applying the icicles should be as follows: The bladder should be evacuated, and the urethra washed out by the injection of a little cold water. About six icicles should then be introduced in succession night and morning, each being allowed to melt away. In northern countries icicles might be easily manufactured in the form of ice bougies with a central stem which is not fragile. In more temperate and variable climates ice machines might be employed to produce them.

The treatment of leucorrhœa, blennorrhœa, or fluor albus, is also of primary importance, in consequence of the very stubborn disposition of this affection, which may be caused by either vaginal or uterine catarrh; but, without entering into any pathological disquisition on the subject, I shall content myself with the details of some important cases successfully treated by the application of ice.

Case 1.—Mrs. M'N., aet. 36, a native of Scotland. She began to menstruate regularly at the age of 14 years, and has borne six children, the first when 20, the last when 30 years of age. All labors were natural except the last, during which craniotomy was performed. Shortly after she began to suffer from leucorrhœa, and afterwards to menstruate at irregular periods, but six months previous to consulting me menstruation had ceased. She suffered much pain periodically. She had the advice of several eminent practitioners in Edinburgh and Glasgow, and had employed preparations of iron, injections, escharotics, sea-bathing, etc., but with slight benefit. She came to Sunderland to reside in April, 1868, suffering from leucorrhœa, when she consulted me. On an examination by the speculum, I observed that both lips and portio vaginalis of the cervix were very much eroded by ulceration, which produced an offensive ichorous discharge containing blood. Cold water was first injected into the vagina, and then ice per vaginam applied to the cervix for one hour night and morning, and complete cure was effected in five weeks. A nutritious diet and aperients were also necessary in this case. In the course of six weeks afterwards she menstruated, and has since been delivered of a stillborn child.

There are several points connected with leucorrhœa which should be attended to by the practitioner—namely, the state of bowels and urinary organs; also whether there are tumors, polypi, or dislocation of uterus, etc., which are often the cause of leucorrhœa, and some of which are irremediable as well as malignant diseases. Before the ice is introduced into the vagina up to the surface of the uterus, a gentle stream of cold water should be injected, and any adherent discharges removed with a sponge. At the os uteri we often find an adherent plug of matter, which should be removed, and then the ice applied.

Hysteria.

At the Royal Medical and Chirurgical Society, on Tuesday, March 8th, Dr. Robert Lee read a paper on the causes of hysteria, in which he traced the disease to ovarian irritation. It is usually admitted that some uterine derangement is present in a great majority of cases of hysteria; but it has been of late the fashion to say that hysteria is dependent on many other physical ailments. We don't remember to have seen hysteria in any man, though some writers say they have. We rather think that this disease is very closely connected with the sexual system in the female. Prostitutes and old women are scarcely ever hysterical.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JUNE 25, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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BEAUTIFIERS.

It is simply enough to make the hair stand on end, if it don't make the hair grow, to learn what dangerous substances are vended for tonics, washes, color-restorers, etc., for that portion of the economy. The *Journal of Applied Chemistry*, in a late issue, says that not less than sixteen popular hair tonics, washes, and restoratives were examined recently, only one of which was free from lead—a majority contained this metal as an essential constituent—some of them having as much as 16 grains of lead to the fluid ounce. The lotions and washes for the complexion were nearly all free from injurious metals, and the probability is that the purchaser pays dearly for some dirty water with which to improve his skin. Pure water would be better and at the same time cheaper. The enamels for the skin consist of white powders suspended in clear liquids. On standing, the powders subside, but agitation quickly incorporates them with the liquids again. The white powder is generally carbonate of lead; in some instances carbonate of lime and zinc are employed. It would thus appear that houses and faces are painted with the same material; houses may endure, but complexions are ultimately ruined by such treatment. White powders for the skin were found to consist of carbonate of lime or French chalk, and are injurious in closing the pores of the skin and preventing prespiration.

The following analyses are from the Report of Prof. C. F. Chandler, Ph. D. Chemist of the Metropolitan Board of Health, of New York. This report, which presents the results of the examination of a few of the articles in general use, was printed in full in the Chemical News, (Am. reprint) for May. We present the following list of dangerous preparations, preparations. which gives the number of grains of lead, etc., in one fluid ounce.

I. HAIR TONICS, WASHES AND RESTORATIVES.

Grains of Lead in one fluid ounce.

1. Clark's Distilled Restorative for the Hair, 0.11; 2. Chevalier's Life for the Hair, 1.02; 3. Circassian Hair Rejuvenator, 2.71; 4. Ayre's Hair Vigor, 2.89; 5. Prof. Wood's Hair Restorative, 3.08; 6. Dr. J. J. O'Brien's Hair Restorer America, 3.28; 7. Gray's Celebrated Hair Restorative, 3.39; 8. Phalon's Vitalia, 4.69; 9. Ring's Vegetable Ambrosia, 5.00 10. Mrs. S. A. Allen's World's Hair Restorer, 5.57; 11. L. Knittel's Indian Hair Tonique,

6.29; 12. Hall's Vegetable Sicillian Hair Renewer, 7.13; 13. Dr. Tebbet's Physiological Hair Regenerator, 7.44; 14. Martha Washngton Hair restorative, 9.80; 15 Singer's Hair Restorative, 16.39.

II. LOTIONS OR WASHES FOR THE COMPLEXION

Perry's Moth and Freckle Lotion.

Mercury in solution, 2.67 grains; Zinc in solution, 0.99 grains, equivalent to Corosive Sublimate, 3.61 grains; sulphate of Zinc, 4.25.

The sediment contains murcury, lead and bismuth.

III. ENAMELS FOR THE SKIN,

Grains of lead in one fluid ounce after shaking

Eugenie's Favorite, 108.94 grains; Phalon's Snow-white Enamel, 146.28 grains; Phalon's Snow-white Oriental Cream, 190.99.

The conclusions to which Professor Chandler arrives are the following:

1. The HAIR TONICS, WASHES, and RESTORATIVES contain lead in considerable quantities; that they owe their action to this metal, and that they are consequently highly dangerous to the health of persons using them.

2. With a single exception, Perry's Moth and Freckle Lotion, the Lotions for the skin are free from lead and other injurious metals.

3. That the Enamels are composed of either carbonate of lime, oxide of zinc, or carbonate of lead suspended in water. The first two classes of enamels are comparatively harmless, as harmless as any other white dirt when plastered over the skin to close the pores and prevent its healthy action. On the other hand, the enamels composed of carbonate of lead are highly dangerous, and their use is very certain to produce disastrous results to those who patronize them.

4. The white powers for the skin are harmless, except in so far as their application may interfere with the healthy action of the skin.

Notes and Comments.

The Cholera.

It is reported that cholera is raging fearfully in some portions of India. Dr. Ward, the scientific editor of the *Independent*, says: The cholera is raging in Delhi and the Punjaub. In the District of Now Gong, Assam, there were 8,000 deaths last year, and an immense number of buffaloes, cows, and goats fell by the same disease. Mrs. Scott, Baptist Missionary there, says that "even the fowls and birds fell a prey to it. I have seen the little house robins attacked while hopping about on the veranda, and in less than two hours they would be dead. The disease is the same with them as with human beings, except that it is more speedy in its action." The natives are very superstitious about it, and will not mention its name; but say, "the great one among diseases has carried off such a one."

The Cause of Left-handedness.

We find the following item in the *Independent:* It would be well worth while for our anatomists to record their observations on this point. "The cause of right and left-handedness is generally anatomical. Prof. Hyrtl says that in two cases out of 100 the left subclavian artery has its origin before the right, and in these cases complete left-handedness exists. The blood is ordinarily sent with more force, according to Prof. Hyrtl, through the right than through the left subclavian artery, thus nourishing the muscles of the right arm more fully. In the rare cases where the internal organs are transposed, the heart being on the right side, there is also left-handedness.

The Evils of Intemperance.

Some one who has been investigating the subject says:

There is a sufficient quantity of fermented and distilled liquor used in the United States in one year to fill a canal four feet deep, fourteen feet wide, and one hundred and twenty miles in length. If the victims of the rum traffic were there also we should see a suicide at every mile, and one thousand funerals a day. If the drunkards of America could be placed in a grand procession, five abreast, what an army of victims!

If the above statements are true, and we do not think they are far from true—is it not the duty of every true physician to exert himself to the utmost to oppose, in every practical way, the social use of intoxicating drinks, for there is just where the evil commences.

Hair Tonics.

The *Journal of Applied Chemistry* recommends the following for a good hair oil: Pure, fresh castor oil, 2 oz.; cologne spirit (95 per cent.), 16 oz. The oil is freely dissolved in the spirit, and the solution is clear and beautiful. A very cheap and very good dressing is make by dissolving four ounces of pure, dense glycerine in twelve ounces of rose water.

Morfits Hair Dye.—Scald black tea, two ounces, in one gallon of boilng water; strain, and add three ounces of glycerine, tincture of Spanish flies, half an ounce, and bay rum, one quart; digest the mixture for two or three days and perfume with essence of rose or bergamont, or any other favorite essence to suit the taste.

Correspondence.

DOMESTIC.

The Presidency of the American Medical Association.

EDITORS MED & SUR. REPORTER:

In noticing the proceedings of the twenty-first annual session of the American Medical Association, you indulge, in some comments, in relation to the election of its President, which, for the sake of common justice, need a correction.

I, in common with many medical friends, was not a little surprised upon reading your version of the action of the Association in the REPORTER of the 14th ult. You remark, "It will be observed that in electing Dr. STILLÉ, who is one of the Consulting Board of the Women's Hospital of this city, the Association administered a withering rebuke to the Philadelphia County Medical Society." * * * "This was done, too, in face of its refusal to receive DR. HARTSHORNE as a delegate."

I have often heard people speak about placing the cart before the horse, and this extraordinary statement of yours is no exception. I am sure nothing can be more remote from the truth than your interpretation of the *motive* of the Association.

To have elected Dr. Stillé, President, *because* he holds a position in the Women's Hospital, and to have refused Drs. Hartshorne and Thomas seats *because* they represented the Women's Medical College and the Women's Hospital, would seem—even to an unsophistocated mind—like stultification. The truth is, that Dr. Stillé's position at the Women's Hospital had nothing to do with his election as President of the Association, as the "woman question" was not then as yet agitated. The agitation of this question would have done anything but enhance the prospects of the election of Dr. Stillé.

Nor is it correct that Dr. S. was elected "in face of its refusal to receive Dr. Hartshorne as a delegate," for the latter had not as yet *manifested* himself at this stage of the proceedings.

The laying on the table of a resolution, offered by Dr. Hartshorne, to so amend the Constitution as not to exclude women from membership of the Association, confirms my view of the animus of the Association. I assert, without fear of contradiction, that not one out of every 25 regular physicians beyond our city limits is aware that there is such an institution in our city as the Women's Hospital, and not one out of every 100 of these same physicians was, or is aware, that Dr. Stillé occupies a position in the Women's Hospital. It is even to be doubted whether a majority of the regular physicians of our city are cognizant of the fact that Dr. S. graces said function at the Women's Hospital. Therefore, instead of exulting over the election of Dr. S. as a whithering rebuke to the Philadelphia County Medical Society, it (his election) ought to be attributed rather to the generosity and forbearance of those who represent the majority of this Society.

Had an issue been made, the result would, doubtless, have been the same as in the case of Dr. Hartshorne, another equally eminent Philadelphian.

The foregoing is an unvarnished statement of the facts, and hence I ask its insertion in the REPORTER.

FAIR PLAY.

NEWS AND MISCELLANY.

New York Ophthalmic and Aural Institute.

The first annual meeting of the Beard of Trustees of the New York Ophthalmic and Aural Institute was held at the institution, No. 46 East Twelfth street, recently, Frederick S. Winston, President, presiding. Among those present were Nelson J. Waterbury, Dr. Sands, Dr. Post, Dr. Buck, and Dr. Kammerer. An inspection of the Institute disclosed the fact that there are now 17 patients under the care of Dr. Knapp, the head of the medical staff for diseases of the eye. During the year there have been 1,828 patients treated in the Dispensary, of which 1,387 were for eye diseases, and 441 for ear diseases. The number of private patients was 55, from which a revenue of $2,556.50 was derived; the number of charity patients 88, by whom the sum of $1,637.11 was paid. Courses of medical instruction have been given to medical students and practicing physicians in the States and Canada —the instructions consisting of courses of Physiological Diagnosis of Eye and Ear Diseases; a comdidactic and demonstrative course of opthalmology and otology and a clinical course. The expenses of the Institute during the past year were $11,191. 54; the receipts $4,381. During the last session of the Legislature the Committee, on application for the State and City Charities, appropriated $1,000, and the city of New York has also appropr ated $1,000 in aid of the Institute. The following officers were elected for the ensuing year.

Frederick S. Winston, Pres.; Dr. Gurdon Buck Vice-President; Eugene S. Ballin, Treasurer; Philip Bissinger, Secretary. Board of Trustees—H. Knapp, M. D., Joseph Kammerer, M. D., Gurdon Buck, M. D., Johannes Roesing, Alfred C. Post, M. D., Henry B. Sands, M. D., Gustav Schwab, P. Ottendorfer, Fred'k S. Winston, R. McCartee, Eugene S. Ballin, Cyrus H. Loutrel, Jared Linsly, M. D., Simon Rindskopf, Charles J. Joy, Nelson J. Waterbury, James Bowen, John T. Metcafe, B. Roelke, William T. Blodgett, Philip Bissinger. Medical

Officers—Dr. H. Knapp, Surgeon in Charge; Dr. Jos. Aub, Assistant and Resident Surgeon; Dr. Thos. Pooley, Assistant Surgeon; Dr. E. Gruening, Clinical Assistant.

Munificent Bequest.

At a recent meeting of the New York county Medical Society, Dr. JOHN H. GRISCOM delivered the following address:

It is with great pleasure that I have recently learned of the extraordinary generosity for the benefit of a hospital in this city, manifested by a foreigner who has never been present here. I refer to a gift of $68,000 for the German hospital in 77th street, which sum was sent to the trustees thereof by a young German nobleman, viz: Baron Frederich Von Diergardt, a resident of the City of Bonn, in Prussia. This very happy manifestation of a foreigner's liberality was unaccompanied by any restrictions. He suggested that no distinction should be made as to the nationality or religion of the individuals received in the Hospital, and that bibles should be furnished them in German, French and English languages.

Such a demonstration of the liberaiity and profoundly good spirit of a human being who has never visited this country, yet feeling that the inhabitants of this land require consideration and professional care for the safety of their health and lives, as they do also in all other nations by the medical profession thereof, it is very important that the profession of this city, whose service has been so very kindly and generously appreciated by him, should demonstrate to this noble fellow-creature their very high appreciation of his remarkable nobility. I, therefore, propose that our appreciation of this great liberality be manifested by this branch of our professson, by the passage of a resolution, signed by the president and secretary, and transmitted to the noble gentleman.

Resolved, That the earnest appreciation, and the cordial thanks of the New York County Medical Society, are hereby tendered to Baron Frederick Von Diergardt for his very liberal donation for the assistance and encouragement of the institution entitled the German Hospital of the City of New York.

Hypodermic Use of Chloral Hydrate.

Several writers in the *British Medical Journal*, of late issues, report adversely to the use of this Lyputic, when administered subcutaneously, on acccount of the irritation it causes, and the local swelling and pain.

——The latest development of female medicine is made by a colored lady practitioner in Florida, who prescribes as a specific for rheumatism a pine knot over which a cart-wheel has passed, grated and taken in decoction. Perhaps it invigorates the cartilage.

QUERIES AND REPLIES.

Pimples.

MESSRS. EDITORS—*Dear Sir:* Could you inform me of a remedy what to do in order to remove these pimples which break out on the face, and are generally about the size of the head of a pin, and are very troublesome on account of their festering up and having to be opened.

Mo. W. K.

REPLY.—Washes of alum and borax, a weak glycerinated solution of corrosive sublimate, and of tannic acid, have been found valuable in some cases. Often this eruption is connected with changes in the reproductive organs.

Dr. A. D. B., of Texas.—(1) A pair of rubber gloves without gaunlets cost $2.00; with gauntlets, $2.75. (2) We know of no treatment of leucocythemia which is of any value; nor do we know of any that have been cured.

OBITUARY.

RIVES—On Friday, June 3d, Doctor Landon C. Rives, of Cincinnati, in the 80th year of his age.

Dr. LANDON C. RIVES was an eminent man in his profession, and belonged to a family conspicuous in the past history of the country. He had attained the ripe age of eighty years—forty of which he had spent in Cincinnati. He was a Virginian by birth, and a brother of Hon. Wm. C. Rives, who was for a number of years Senator from Virginia, and subsequently Minister to France under Jackson's Administration. He was a leading physician up to 1857, when he retired; and for several years was a distinguished professor in two of the leading schools of the West. He had four children—two sons and two daughters. Of these Dr. Ewd. C. Rives and Mrs. Rufus King, of this city, still survive him. He was esteemed and respected wherever known, and now that he is gone, his pure life and good deeds will embalm him in the memory of thousands. A meeting of prominent physicians was called and resolutions adopted in respect to his memory. He was buried in St. Paul's Episcopal church.

MARRIED.

SMITH—STEWARD. June 8th, at the residence of the bride's parents, Inwood, N. Y., by Rev. Geo. M. McEckron, assisted by Rev. Dr. John Hall, J. Walter Smith, M. D., and Maggie Hall, daughter of John Stewart, esq., both of New York.

DEAN—SMITH. In Albany, N. Y., June 6th, by Rev. John Peddie, Noah S. Dean, M. D., of Albany, and Miss Geraldine A. Smith, of South Rutland, Jefferson county, New York.

JENNINGS—MCABOY. May 26th, at Tryon Farm, Polk county, North Carolina, by Rev. Leland R. McAboy, S. Dettmar Jennings, M. D., of Allegheny county, Pa., and Juliette E., third daughter of the officiating minister.

LEVY—HARRAR. In this city, June 8th, by Rev. Edgar M. Levy, Louis Levy, M. D., of Seneca, Kansas, and Louisa M., daughter of John Harrar, of this city.

MACOMBER—COLLERD. June 7th, at the residence of the bride's parents, Prospect Home, Bergen county, N. J., by Rev. F. B. Romeyne, D. D., Dr. H. K. Macomber, of Boston, and Miss Amelia M., eldest daughter of Abram Collerd, esq.

RAMSAY—SOLOMONS. April 20th, in Beaufort district, South Carolina, at the residence of the bride's father, by Rev. L. C. Layal, Dr. G. R. Ramsay, of Randolph county, Ga., and Miss Hettie A., daughter of John G. Solomons.

DIED.

HOPKINS—In Auburndale, May 17th, Mrs. Sarah K. Hopkins, wife of Dr. E. B. Hopkins, daughter of Mrs. Mary A. Glover, of South Boston.

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